

Hollywood Functional
Rehabilitation Clinic

PATIENT CONSENT FORM

TITLE: Limb asymmetry following anterior cruciate ligament (ACL) reconstruction: implications for the return to sport and risk of re-injury.

CHIEF INVESTIGATOR: Dr Jay Ebert

To be completed by the Participant of the study:

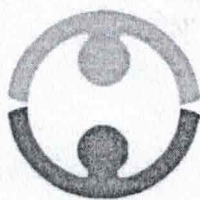
1. Have you read the information sheet about this study? ☒ Yes ☐ No
2. Have you had an opportunity to ask questions and discuss this study? ☒ Yes ☐ No
3. Have you received satisfactory answers to all your questions? ☒ Yes ☐ No
4. Have you received enough information about this study? ☒ Yes ☐ No
5. Which Doctor (or other researcher) has spoken to you about this study? Jay
6. Do you understand that you are free to withdraw from this study at any time without giving a reason and without affecting your current or future medical care? ☒ Yes ☐ No
7. Do you agree to take part in this study? ☒ Yes ☐ No
8. Have you received a copy of the information sheet and consent form? ☒ Yes ☐ No

YOU WILL BE GIVEN A COPY OF THIS CONSENT FORM

[Redacted]
Participant's Name
JAY EBERT.
Person Obtaining Consent

[Redacted]
Participant's Signature
[Signature]
Signature

19/01/2016
Date
19/01/16.
Date



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JAY EBERT.

Person Obtaining Consent

[Redacted]

Participant's Signature

[Signature]

Signature

17/12/15

Date

17/12/15

Date