

Patient Consent to Video

You have been asked that a video recording be made of you to record present condition. It may be possible to recognise you from this recording. The video recording may be used for training other staff from this hospital and others. You do not have to agree to this being done. If you do not wish to take part, this will not effect in any way your treatment from this hospital.

I give my permission for video recordings to be taken during this project for use in analysing my walking patterns.

Please tick

I give my permission for the video recording to be used for educational and training purposes.

Please tick

Name of Patient _____

Signature _____

Date _____

Name of Clinician _____

Singiture _____

Date _____