Consent for Mobility Assessment

Hello
I am a physiotherapist

I would like to see how your arms and legs move

I might need to see you walking

I might need to see you going up and down stairs

Would that be ok?

Yes ☐ No ☐

Name: ___________________________         CHI: ______________________
Signed: _____________________________         Designation: _______________
Consent for Respiratory Assessment

Hello
I am a physiotherapist

I would like to listen to your chest

I might need to put a monitor on your finger

I might need to see you lying down and sitting

Would that be ok?

Yes ☐ No ☐

Name: ___________________________________         CHI: _____________________
Signed: __________________________________         Designation: _______________
Hello
I am a physiotherapist

I would like to take a photo of you

Would that be ok?
Yes ☐ No ☐

I might share the photo with other people who work with you

Would that be ok?
Yes ☐ No ☐

Name: _________________________________         CHI: _____________________
Signed: ________________________________         Designation: _______________
Consent for Video

Hello
I am a physiotherapist

I would like to make a video of you

Would that be ok?
Yes [ ] No [ ]

I might share the video with other people who work with you

Would that be ok?
Yes [ ] No [ ]

Name: ___________________________________         CHI: _____________________
Signed: __________________________________         Designation: _______________
Consent to share Information

I might want to share your information to help other people learn

Would that be ok?
Yes ☐ No ☐

We might want to use your information to make our service better

Would that be ok?
Yes ☐ No ☐

Name: ___________________         CHI: ___________________
Signed: ___________________         Designation: _______________
Consent to share Information

Would it be ok for me to talk to:

Yes       No

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Do you want to ask any questions?

Signed: ___________________________________

Name: ___________________________________        CHI: _____________________

Signed: __________________________________         Designation: _______________

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