



The Reading Shoulder Unit

Consent form

Patient agreement for clinical examination video, photographs and interview

Patient details (or pre-printed label)

Patient's name & surname.....Date of birth

Responsible health professional.....Job title.....

NHS number (or other identifier).....

Male Female Special requirements
(eg other language/other communication method)

Name of proposed intervention:

Clinical examination video, photographs and interview for teaching, research and marketing purposes and to be used on the internet and in social media

Statement of health professional

I have explained the proposed intervention to the patient.

Signed:..... Date ..

Name (PRINT) Job title

Statement of Patient

I agree to the proposed intervention described on this form.

Patient's signature Date.....

Name (PRINT)