

Shoulder & Elbow



Reading Shoulder Unit



www.readingshoulderunit.com

Centre

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)