

## CONSENT FORM

Family name:  
Given name(s):  
Address:  
Date of birth:  
Sex: M F I

### **Consent for Exercise Programme and Assessment**

I agree to participate in the Falls Prevention Exercise Programme.

By participating in this program I agree to the following:

- Answering questions in relation to falls or balance and my general health
- Test results for: balance, strength, walking and participation in exercise regimes;
- Participate with an individualised home exercise programme
- Participating in an eight week supervised exercise programme and education programme

I understand I have the right to change my mind at any time, including after I have signed this form.

#### **Patient**

Print name:Signature:Date:

#### **Witnessed by**

Print name:Signature:Date: