

# Royal National Hospital for Rheumatic Diseases



NHS Foundation Trust

**CFS/NHS/PAEDIATRICS** - Specialist help for ME.

**Teenagers consent to study: SMILE**

**Specialist Medical Intervention & Lightning Evaluation**

**Please fill this form if you are between 16 and 18 years old. Please initial boxes if "yes"**

I have read the leaflet about the study. I understand what the study is about and have had the chance to ask questions.	<input type="checkbox"/>
I understand that it is my choice about whether or not to take part in the study and that it is ok for me to withdraw from the study at any time.	<input type="checkbox"/>
I have discussed the study with the research nurse and agree to join the study	<input type="checkbox"/>
I agree that my school attendance records may be checked	<input type="checkbox"/>
I agree that you may talk to my parents/guardian/carer about me	<input type="checkbox"/>
I agree that you can tell my GP that I am taking part in this study	<input type="checkbox"/>
If I do not return follow up forms, I agree for a researcher to contact me on the phone to find out how I am getting along	<input type="checkbox"/>

**If you agree to take part, please sign below:**

Your name: .....	Signature: .....
Today's date: ...../...../20.....	Today's date: ...../...../20.....
Researcher's name: .....	
Signature: .....	Today's date: ...../...../20.....



**THANK YOU!**

