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| **Study** | | C:\Documents and Settings\crystalc\Local Settings\Temporary Internet Files\Content.Word\logo.png | **Site:** | |  | | **Date:** |  | | **Form completed by:** | |  | |
|  | ***Clinic Logs will be picked up by Tamsin Hughes each week on behalf of the Physiotherapy Research Unit – Tel: 37424*** | | | | | | | | | | | | |
| **Eligibility Criteria** | **Patient initials**  **DoB** | | | | | **Eligible?** | | | **Willing to be contacted by the Prove research team?** | | | | **PIS given** |
| * **> 18 years** * **Osteoporosis confirmed by radiology** * **Vertebral fracture in past 12 mths** * **Backache in past 12 mths**   **(NOT-radiating to leg)** | Hospital Sticker | | | | | **Yes**  **No**  **Reason if no:**  Osteoporosis due to other disease/medication……………⃝  Predominantly mechanical back with radicular leg pain ………⃝  Unstable cardiovascular/pulmonary/neurological/psychiatric condition…………………………….⃝  Other (Please Specify)…….....⃝  ……………………………………………… | | | **YES**    Day Time Telephone number:    …………………………………  ……………………………….. | | **No**    **Reason:**  Doesn’t have time for study……⃝  Not willing to travel for study...⃝  Other……………………………………...⃝  Please state: | | Yes      No |
|  |  | | |  | |  | | |  | |  | |  |
| * **> 18 years** * **Osteoporosis confirmed by radiology** * **Vertebral fracture in past 12 mths** * **Backache in past 12 mths**   **(NOT-radiating to leg)** | Hospital Sticker | | | | | **Yes**  **No**  **Reason if no:**  Osteoporosis due to other disease/medication……………⃝  Predominantly mechanical back with radicular leg pain ………⃝  Unstable cardiovascular/pulmonary/neurological/psychiatric condition…………………………….⃝  Other (Please Specify)……....⃝  ………………………………………………………… | | | **YES**    Day Time Telephone number:    ……………………………………………….  ………………………………………………. | | **No**    **Reason:**  Not happy to be randomised….⃝  Doesn’t have time for study……⃝  Not willing to travel for study...⃝  Other……………………………………...⃝  *Please* state: | | Yes      No |