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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 |