

FORM 13.1 Functional Mobility Informed Consent

I, (please print) _____ have read and understood the information on the Functional Mobility Exercise Program and all questions have been answered to my satisfaction.

I agree to voluntarily participate in this preassessment for the program and give my consent freely. I understand that the assessment will be conducted in accordance with the information letter, a copy of which I have retained for my records.

I understand I can withdraw from the assessment or program at any time, without penalty, and do not have to give any reason for withdrawal.

I consent to:

- Complete all parts of the Functional Mobility Screening. These tests include three activity focus areas (“domains”): up and down activities (lower body focus); locomotor activities; and carry–push–reach activities (upper body and trunk focus).
 - Functional Mobility Self-Rating Questionnaire (5 minutes)
 - Functional Mobility Performance Tests (30 minutes)
- Performing a combination of everyday activities such as bending down, reaching, balanced walking, turning, standing from a chair, walking around obstacles, carrying shopping bags, and so on.
- Performing the activities at my own pace.
- Work with the trained assistant who will be there to teach me and then will count or time or observe my trials.
- Immediately inform the staff of any symptoms during or after the testing.
- Stop or delay activity causing undue distress at any time.

Print name: _____

Signature: _____

Date: _____