

Consent to Contact Form - The Alberta Back Care Pathway (ABCp)

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Hello Patient! - This form is for you to provide consent for a member of the study team to contact you by phone/email to tell you more about the study and see if you might be interested in taking part.

What is the study about? We are inviting you to take part in this research study because you have low back pain and live in Alberta. To overcome the increasing problem of low-value care for low back pain (LBP), we have created the Alberta Back Care pathway (ABCp). The ABCp may or may not be offered currently by your physician. If your physician is currently offering ABCp, then depending on your type of back pain, you may receive reassurance, pain medication, education, and/or exercise through a program called GLA:D Back, or referral to another clinician. ABCp provides evidence-based care for your back pain and does so at no-cost or low-cost to you. If your physician is not offering ABCp, you will receive usual care. Completing this form means we can contact you to tell you about the study – you are not giving permission to participate in the study at this time. If you choose, you do not need to provide your contact information at all.

Consent: By signing this consent, I give permission for this form to be faxed to the study team who will then contact me to give me more information and to be asked to participate in the study.

Patient (or medical staff), write or sticker ALL info below (mobile # and email are needed to participate).

Patient Name: _____

Patient Alberta Health Care Number (ULI): _____

Patient Mobile Number (required): _____

Patient Email (required): _____

Patient Signature: _____ Date: _____

Medical Staff – a) select pathway, b) write or sticker MD info below c) Fax 587-402-8538 (dial 1 outside of Edmonton)

ACUTE <4w SUBACUTE 4-12w CHRONIC > 12w CHRONIC NonRESPONSIVE Refractory to edu and exercise RADICULOPATHY Stable, Non-emergent

Clinic: _____ PCN: _____

Physician Name: _____

PRAC ID: _____