***Information and consent form***

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| Please check the five boxes on the right of the statements if you consent to it | | **Sign** |
| I confirm that I read and understand the information above and the questions I asked were answered until now  For questions about the research as well as requests for insight into, change or withdraw your data, you can at all times contact me at roel@roelwilbers.nl. The sooner this happens the better because the possibility to withdraw data is restricted or no longer possible if they are already published. |  |
| I agree on that the mentioned data is used anonymously for publication, educational purposes and further research. |  |
| I confirm that I am at least 18 years old or am the parent or delegate of the person the data applies to |  |
| I give permission to collect, use and store the data mentioned below:   * The answers about your problems given in the intake and/or the questionnaire of the intake form (like the CSI, PSK and VAS) * The age at the start of the treatment (so no date of birth) * The gender at birth * The cause or onset of the tailbone pain (if there is any) * The severity of the experienced pain on a scale of 10 * The factors that trigger or worsen the symptoms and in which rate * The duration of the problems at the start of the treatment * It is a first episode of the problems or a recurring problem * If the tailbone pain is the primary reason for consultation * The position of the tailbone at the first examination (e.g. to the left or right) * The treatment results according to reduction of problems in percentages * The amount of sessions needed to come to the treatment result * The used treatment method(s), like techniques in sitting or lying down or exercises for at home) that led to the treatment result |  |
| I grant permission to use my anonymised data for the current and future research Roel Wilbers is involved in. |  |

Many thanks for your help and contribution,

Roel Wilbers

Name:

Place and date:

Email address:

Signature: