

Name: _____

Date Completed

__/__/__

Study Name: Health Coaching for Chronic Multi-symptom Illness

We encourage all participants to talk with their mental health providers about their participation in this study. Please check appropriate statement below.

_____ I am not currently in mental health treatment.

_____ I am in mental health treatment. Below is his/her information:

Name _____

Phone Number _____

Address _____

We encourage you to also talk with him/her. We will also send a letter to your mental health provider to notify him/her about your participation in this study. We may contact your mental health provider if we have a concern about your health or safety.

Your Signature

Date