**Personalised Treatment Trials for Acute Whiplash: a pilot study**

**Permission to Contact Form**

Researchers at Recover Injury Research Centre, The University of Queensland, and Caboolture Hospital, are running a clinical trial from the Emergency Department of Royal Brisbane Women’s Hospital, to test the effectiveness of paracetamol or naproxen or their combination to **prevent chronic pain following whiplash injury**. Over many years researchers at Recover Injury Research Centre, The University of Queensland, have been working to develop more effective treatments for whiplash injuries. Paracetamol (Panadol) and naproxen (an anti-inflammatory medication) are both medications which are commonly used for treating acute whiplash injury, but we do not know which works best or if either or both prevent the development of chronic whiplash pain.

**What is the aim of the study?** We would like to compare the effectiveness of paracetamol, naproxen, and both paracetamol and naproxen together, for treating acute whiplash pain and for preventing chronic pain from whiplash, in a personalised trial.

**What are the benefits for me?** Whiplash can be both costly and disabling. There are many different treatments for whiplash and different treatments work better for different people. It is important to test different treatments to find the one that works *for you*. ***You will get a personalized report at the end of the trial detailing which treatment works best for you.*** And after we add up everyone’s results at the end of the trial, we will know which treatment is best overall.

**Would you like to find out more about the study?** Please circle. **Yes No**

If you said ‘YES’, please fill in the details below and one of the research team members will be in contact with you. By providing my information and signing below, I consent to be contacted in relation to this study.

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone H:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_M:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How would you like to be contacted?** **Email Home Phone Mobile** What is the best time to call?\_\_\_\_\_\_\_

**Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Nurse/Doctor Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_