

UNIVERSITY OF GEORGIA  
CONSENT FORM  
[TITLE OF THE STUDY]

You are being asked to take part in a research study. The information in this form will help you decide if you want to be in the study. Please ask the researcher(s) below if there is anything that is not clear or if you need more information.

Principal Investigator:

*Name*  
*Department*  
*Contact Information*

Co-Investigator:

*Name*  
*Department*  
*Contact Information*

You are being invited to be in this research study because you have high blood pressure. Participation is voluntary and you can stop at any time without penalty.

We are doing this research to learn more about the use of complementary medicine and its effect on high blood pressure control. Examples of complementary medicine include yoga, acupuncture, chiropractic care