

Association Intent Form
for the implementation and testing of the ICF Core Sets
through an
International Multicenter Study

Please send the filled form via fax or e-mail to:

Alicia Garza

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I wish to collaborate on the implementation and testing of the ICF Core Sets on the following condition(s):

- | | | | |
|---------------------------------|--------------------------|--------------------------------|--------------------------|
| Low back pain | <input type="checkbox"/> | Rheumatoid Arthritis | <input type="checkbox"/> |
| Osteoporosis | <input type="checkbox"/> | Osteoarthritis | <input type="checkbox"/> |
| Chronic widespread pain | <input type="checkbox"/> | Obesity | <input type="checkbox"/> |
| Depression | <input type="checkbox"/> | Stroke | <input type="checkbox"/> |
| Chronic ischaemic heart disease | <input type="checkbox"/> | Diabetes Mellitus | <input type="checkbox"/> |
| Breast cancer | <input type="checkbox"/> | Obstructive Pulmonary Diseases | <input type="checkbox"/> |

Personal Details:

Title/ Family Name/ Surname: _____

Institution/ Organization: _____

Department: _____

ADDRESS- Street: _____

City/ Zip Code: _____ State/ Province: _____

Country: _____ Occupation: _____

e-mail: _____ Professional status _____

Telephone: _____ Fax: _____