**ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST**

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| **CHILDREN VISITING INPATIENT OR RESIDENTIAL UNIT**  **RECORD OF DECISION TO REFUSE VISIT**  **Please attach to the patients record** | | |
| **NAME OF PATIENT:** | | |
| **WARD/UNIT:** | | |
| **CPA CARE COORDINATOR:** | | |
| **CHILD/CHILDREN’S NAME(S):** | | **DATE OF BIRTH:** |
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| **REASON FOR DECISION TO REFUSE VISIT (Brief Summary):** | | |
| **WHO WAS INVOLVED IN MAKING THE DECISION? Please list below** | | |
| **NAME:** | **DESIGNATION:** | |
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| HAVE ALL INVOLVED WITH THE CHILD/CHILDREN BEEN INFORMED VERBALLY AND IN WRITING?  **YES**  **NO** | | |
| **IF NO, BRIEFLY EXPLAIN ANY EXCEPTIONS:** | | |
| **SIGNED:**  **(Print name)** | **DESIGNATION:**  **(Print)** | |
| **DATE:** |  | |