**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:** |  |