

**CONSENT FORM 1**

**PATIENTS AGE 16+ WITH CAPACITY TO CONSENT TO CARE AND OR TREATMENT**

**CHILDREN UNDER 16 WITH GILLICK COMPETENCE TO CONSENT**

**Patient Details (or pre-printed label)**

|  |  |
| --- | --- |
| Patient’s surname/family name |  |
| Patient’s first names |  |
| Date of birth |  |
| Responsible health professional |  |
| Job title |  |
| Service |  |
| NHS number (or other identifier) |  |
| Gender |  |
| Special requirements (e.g. other language/other communication method) |  |

**\*\* To be retained in patient’s health records\*\***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **STATEMENT OF HEALTH PROFESSIONAL**  To be filled in by health professional with appropriate knowledge of procedure/course of treatment, as specified in the Trusts Consent to Care and/or Treatment Policy. | | | | |
| Details of proposed procedure or course of treatment (include brief explanation if medical term not clear) |  | | | |
| The procedure will involve the use of the anaesthesia | General or regional | |  | |
| Local anaesthesia | |  | |
| Sedation | |  | |
| I have explained the care/and or treatment to the patient as detailed below | | | | |
| The purpose and nature of the care/treatment: |  | | | |
| The intended benefits which include: |  | | | |
| Any significant risks which are: |  | | | |
| Any extra procedures which may become necessary during the procedure.  Which may include: |  | | | |
| The following leaflet/tape has been provided (if applicable) |  | | | |
| Please provide details of any further information given as requested by the patient |  | | | |
| **Signed Name** | **Date** | | | |
|  |  | | | |
| **(PRINT Name)** | **Date** | | | |
|  |  | | | |
| **Contact details (if patient wishes to discuss options later)** |  | | | |
| **STATEMENT OF INTERPRETER** (where appropriate)  I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand. | | | | |
| **Signed Name** | **Date** | | | |
|  |  | | | |
| **(PRINT Name)** | **Date** | | | |
|  |  | | | |
| **Copy accepted by patient Yes/No** (please Circle) | | | | |
| **STATEMENT OF PATIENT** | | | | |
| Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy of page 2 which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. If you have any further questions, do ask – we are here to help you. You have the right to change your mind at any time, including after you have signed this form. | | | | |
| I agree to the procedure or course of treatment described on this form. | | | |  |
| I understand that you cannot give me a guarantee that a particular person will perform the procedure or provide the treatment. The person will, however, have appropriate experience. | | | |  |
| I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.) | | | |  |
| I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health. (If appropriate) | | | |  |
| (If appropriate) I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures which I do not wish to be carried out without further discussion. | | | |  |
| **Patients signature** | | **Date** | | |
|  | |  | | |
| **(PRINT Name)** | | **Date** | | |
|  | |  | | |
| **A witness should sign below if the patient is unable to sign but has indicated his or her consent. Young people/children may also like a parent to sign here (see notes).** | | | | |
| **Witness signature** | | **Date** | | |
|  | |  | | |
| **(PRINT Name)** | | **Relationship** | | |
|  | |  | | |
| **Confirmation of consent** (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)  On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead and/or the treatment to be given. | | | | |
| **Signed Name** | | **Date** | | |
|  | |  | | |
| **(PRINT Name)** | | **Job Title** | | |
|  | |  | | |
| **Withdrawal of consent**  If patient withdraws consent Please ask patient to sign and date below: | | | | |
| **Signed Name** | | **Date** | | |
|  | |  | | |
| **(PRINT Name)** | | **Date** | | |
|  | |  | | |

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| --- |
| **GUIDANCE TO HEALTH PROFESSIONALS (to be read in conjunction with consent policy)** |
| **What a consent form is for**  This form documents the patient’s agreement to go ahead with the procedure, care or treatment you have proposed. It is not a legal waiver – if patients, for example, do not receive enough information on which to base their decision, then the consent may not be valid, even though the form has been signed. Patients are also entitled to change their mind after signing the form, if they retain capacity to do so. The form should act as an aide-memoire to health professionals and patients, by providing a check-list of the kind of information patients should be offered, and by enabling the patient to have a written record of the main points discussed. In no way, however, should the written information provided for the patient be regarded as a substitute for face-to-face discussions with the patient. |
| **Law on Consent**  See the Department of Health’s Reference guide to consent for examination or treatment (2009) for a comprehensive summary of the law on consent  <https://www.gov.uk/government/organisations/department-of-health-and-social-care> |
| **Trusts Policy**  For further guidance see the Trusts Policy on consent to Care and Treatment.  <https://www.rdash.nhs.uk/27029/consent-to-care-and-treatment-policy/> |
| **Who can give consent**  Everyone aged 16 or over is presumed to have capacity to be able to give consent for themselves, unless the opposite is demonstrated. If a child under the age of 16 has “sufficient understanding and intelligence to enable him or her to understand fully what is proposed”, then he or she will be competent to give consent for him or herself. Young people aged 16 and 17, and legally ‘competent’ younger children, may therefore sign this form for themselves, but may like a parent to countersign as well. If the child is not able to give consent for him or herself, some-one with parental responsibility may do so on their behalf and a separate form is available for this purpose. Even where a child is able to give consent for him or herself, you should always involve those with parental responsibility in the child’s care, unless the child specifically asks you not to do so. If a patient is mentally competent to give consent but is physically unable to sign a form, you should complete this form as usual, and ask an independent witness to confirm that the patient has given consent orally or non-verbally. |
| **When NOT to use this form**  If the patient is 18 or over and has been assessed as lacking capacity to give consent, you should use Form 4 (Form for adults who lack the capacity to consent to Care or Treatment) instead of this form.  Before assessing capacity you should always take all reasonable steps (for example involving more specialist colleagues) to support a patient in making their own decision, before concluding that they are unable to do so. Relatives cannot be asked to sign this form on behalf of an adult who lacks capacity to consent for themselves, unless they have been given the authority to do so under a Lasting Power of attorney for Health and Welfare or as a Court appointed deputy. |
| **Information**  To give valid consent, the patient needs to understand the nature and purpose of the intervention or treatment, the seriousness of their condition and the anticipated benefits and risks of the proposed intervention or treatment and any reasonable alternatives, including the option to have no treatment so they are in a position to make an informed decision. The provision of relevant information is therefore central to the process. Staff should ensure that discussions about consent are in a way that meets the patient’s communication needs. The information must be comprehensible but must be given in a format that will help them understand the specific decision to be made in line with MCA Principle 2 and Accessible Information Standards. When seeking consent, the health professional should check whether the patient has understood the information they have been given, and whether or not they would like more information and be given sufficient time to use and weigh up the information before making a decision.  Health professionals are under a duty to take reasonable care to ensure that the patient is aware of any material risk involved in any recommended treatment and of any reasonable alternative or variant treatment. In addition, if a patient makes it clear they have particular concerns about certain kinds of risk, you should make sure they are informed about these risks, even if they are very small or rare. You should always answer questions honestly. Sometimes, patients may make it clear that they do not want to have any information about the options but want you to decide on their behalf. In such circumstances, you should do your best to ensure that the patient receives at least very basic information about what is proposed. Where information is refused, you should document this on the form or in the patient’s notes. |