

Patient Agreement to Proposed Procedure or Treatment (For patients aged 16 years and over)

Patient details (or pre-printed label)

NHS Number: _____

Patient's surname/family name _____

Patient's first name(s) _____

Address _____

Date of birth _____

Male Female

Adastra case number (or other identifier) _____

Responsible health professional _____

Job title _____

Special requirements _____

(E.g. other language/other communication method)

To be retained in patient's notes

Adastra case number (or other identifier) _____

Name of proposed procedure or treatment

(Include brief explanation if medical terms not clear) _____

Health Professional Statement (to be filled in by health professional with appropriate knowledge of proposed procedure)

I have explained the procedure to the patient. In particular, I have explained:

The intended benefits _____

Serious or frequently occurring risks _____

Any extra procedures which may become necessary during the procedure (please specify)

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

The following leaflet has been provided _____

This procedure will involve (tick if applicable)

Local anaesthesia

Signed (Health Professional) _____ Date _____

Name (PRINT) _____ Job title _____

Name(s) of any other individuals present: _____

Statement of interpreter (where applicable)

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 (Interpreter) _____ Date _____

Name (PRINT) _____

Adastra case number (or other identifier) _____

Patient Statement

Please read this form carefully.

If you have any further questions, do ask – we are here to help you.

I agree to the procedure or treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

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.

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**

Patient’s signature _____ **Date** _____

Name (PRINT) _____

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.

Witness Signature _____ **Date** _____

Name (PRINT) _____

Guidance to health professionals (to be read in conjunction with the BADGER

Informed Consent Procedure CL54)

Consent Form 1

This form documents the patient's agreement to go ahead with the procedure 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.

Who can give consent

Everyone aged 16 or more is presumed to be competent 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 himself 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 himself or herself, some-one with parental responsibility may do so on their behalf and a separate form (**Consent Form 2**) is available for this purpose. Even where a child is able to give consent for himself 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 is not legally competent to give consent, you should use **Consent Form 3** (form for adults who are unable to consent to a procedure or treatment) instead of this form.

A patient will not be legally competent to give consent if:

- they are unable to comprehend and retain information material to the decision and/or
- they are unable to weigh and use this information in coming to a decision.

You should always take all reasonable steps (for example involving 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 is not legally competent to consent for himself or herself.

Information

Information about what the treatment will involve, its benefits and risks (including side-effects and complications) and the alternatives to the particular procedure proposed, is crucial for patients when making up their minds. The courts have stated that patients should be told about ‘significant risks which would affect the judgement of a reasonable patient’. ‘Significant’ has not been legally defined, but the GMC requires doctors to tell patients about ‘serious or frequently occurring’ risks. In addition if patients make 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 and in the patient's case notes.