

FFURFLEN GANIATÂD 1 CONSENT FORM 1

**Cydsyniad claf i
archwiliad neu driniaeth**

**Patient agreement to
examination or treatment**

Dylid defnyddio'r ffurflen hon ar gyfer:

- pobl 16 oed a hŷn sydd â galluedd meddyliol
- phobl dan 16 oed sy'n gymwys yn ôl safon *Gillick* (h.y. yn ddigon aeddfed a deallus i gydsynio drostynt eu hunain).

This form is to be used for:

- people aged 16 years and over with mental capacity
- people under 16 years of age who are *Gillick* competent (i.e. have sufficient maturity and intelligence to consent for themselves).

Guidance to health professionals

(to be read in conjunction with the Consent Policy)

What a consent form is for

This form documents the patient's agreement to go ahead with the examination 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, (provided the person retains mental capacity for making this decision). If the patient has lost mental capacity before the treatment starts health professionals should consider whether or not the treatment is in their best interests.

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.

Health professionals should only take consent in specific clinical situations where they have undertaken formal training including on consent and mental capacity and have been competency assessed. They should familiarise themselves with any appropriate professional guidance, their organisation's consent policy and Welsh Government's guidance on consent.

The law on consent

See the Welsh Government's Reference *Guide to Consent for Examination or Treatment* (www.wales.nhs.uk/governance-emanual/patient-consent/).

Who can give consent

Everyone aged **16 or more** is presumed to have the mental capacity to give or refuse consent for themselves, unless the opposite is demonstrated. However this does not apply to interventions that do not confer a direct health benefit on the young person such as the donation of blood and tissue (other than for diagnostic purposes). For young persons (aged 16–17) who wish to undergo such "interventions" an assessment of their

capacity to give consent will be required.

If a child under the age of 16 has "sufficient understanding and intelligence to enable him or her to understand fully what is proposed and make a decision based on the information provided" (*Gillick* competence), then he or she will be competent to give consent for himself or herself (NB. Consent and refusal by competent minors are not seen by the law as entirely symmetrical in that a *Gillick* competent child can lawfully consent but a refusal may be over-riden). 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.

Young people aged 16 and 17, and *Gillick* competent younger children, may therefore sign this form for themselves, but may like a parent to countersign as well.

If the child under the age of 16 is not able to give consent for himself or herself, someone with parental responsibility may do so on their behalf and a separate form (Consent Form 2) is available for this purpose.

If a patient has the mental capacity 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 **16 or over** and lacks the mental capacity to give consent, you should use *Form 4 – Treatment in best interests* instead of this form. A patient lacks mental capacity if they have an impairment of the mind or brain or disturbance affecting the way their mind or brain works and they cannot do one or more of the following:

- Understand information about the decision to be made;
- Retain that information;
- Use or weigh that information as part of the decision-making process; or
- Communicate their decision (by talking,

using sign language or any other means).

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 a form on behalf of an adult who lacks mental capacity to consent for themselves, unless they have been given the authority to do so under a Personal Welfare Lasting Power of Attorney or they are a Court Appointed Deputy with the relevant authority.

Consent Form 2 should be used in respect of children aged under 16 who are not *Gillick* competent.

Provision of 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 patient should be informed about important (material) risks. Materiality is whether, in the circumstances of the particular case:

- A reasonable person in the patient's position would be likely to attach significance to the risk, or
- The doctor is or should reasonably be aware that the particular patient would be likely to attach significance to it.

Health professionals should make a record of the information given. Further advice is given in the GMC guidance on consent.

You should always answer questions honestly. If there is insufficient space on the consent form to include all the details discussed, these should be documented in full in the patient's notes.

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. To give valid consent the patient needs to understand in broad terms the nature and purpose of the procedure. Where information is refused, you should document this on the form or in the patient's notes.

Pre-registration students

The Welsh Government's Reference *Guide to Consent for Examination or Treatment* requires a patient's written consent if pre-registration students are to be present during examination or treatment using sedation or anaesthetic. Patients are, therefore, asked if they agree or disagree with students being present.

Welsh Language

This consent form is produced in triplicate.

- The top Yellow copy must be filed in the patient's case notes.
- The two carbon copies are for the patient to take away with them:
 - o the second copy is in Welsh,
 - o and the third copy is in English.

The patient should be offered the copy of their choice.

Patients who wish to give consent in Welsh should be given the opportunity to read the Welsh version of the form (page 2), before signing the top (English) copy of the form. It is essential, for patient safety, that the English version of the form (Yellow copy) is the one filed in the patient's case notes.

Other All Wales Consent Forms

FORM 2

Agreement of person with parental responsibility to examination or treatment for a child under 16 years of age who is not *Gillick* competent.

FORM 4

Treatment in best interests: Form for patients aged 16 years and over who may lack the capacity to consent to examination or treatment.

(FORM 3 has been discontinued)

Consent Form 1: Patient agreement to examination or treatment

This form is to be used for people aged 16 years and over with mental capacity and people under 16 years of age who are *Gillick* competent

Please press hard and ensure all three copies are legible

Patient details (or pre-printed label)

Patient's surname/family name

Patient's first names

Date of birth

Male Female

NHS Number (or other identifier)

Special requirements

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

(Please press hard to ensure all 3 copies are legible)

Name of proposed procedure or course of treatment (include brief explanation if medical term not clear)

Anaesthetic This procedure will involve:

General and/or regional anaesthesia Local anaesthesia Sedation None

Any extra procedures which may become necessary during the procedure

None expected Blood transfusion

Other procedure (please specify)

Statement of health professional (health professional must have appropriate knowledge of proposed procedure)

People aged 16 years and over (are presumed to have capacity to consent to treatment). Please tick ONE box:

In my opinion there are no reasons to doubt the patient's capacity to make this decision; **OR**
 The patient's mental capacity to consent to/refuse this treatment has been assessed and the patient has the mental capacity to make this decision. A note of the assessment has been placed on the patient's record.

People under 16 years of age

After a full explanation of the procedure and its risks and benefits, I believe that the child has sufficient maturity and intelligence to be capable of understanding fully the treatment proposed and making a decision based on the information provided. I therefore believe that the patient is **Gillick competent** to make this decision.

The child has **agreed** / **declined** to involve someone with parental responsibility in this decision.

Advance decisions (for patients aged 18 years and over only)

The patient has made a valid and applicable advance decision refusing this treatment/procedure **or** a treatment or procedure which may become necessary during the treatment/procedure in question.
(Ensure the patient completes full details in the Advance decisions section on the opposite page.)

Information about the procedure/treatment

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

Intended benefits:

Significant, unavoidable or frequently occurring risks, including any risks of particular significance to this patient:

I have also discussed:

What the procedure is likely to involve.
 Any particular concerns of the patient.
 The benefits and risks of any available alternative treatments (including no treatment).

Please include details:

I have provided the following leaflet / cd / dvd / weblink (please specify title of the leaflet and date of issue; title of the cd/dvd and "version" if it has been amended).

Signed Date

Name (PLEASE PRINT) Job title

Professional registration number (e.g. GMC, NMC, GDC, HCPC etc.)

Contact details (if patient wishes to discuss options later)

Statement of interpreter (where appropriate)

I have interpreted the above information to the patient to the best of my ability and in a way in which I believe s/he can understand.

Signed Date

Name (PLEASE PRINT) Contact details

Statement and signature of patient

You will be offered a copy of this form. 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 understand:

- the information that I have been given about the examination or treatment described on this form.
- that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.
- 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.)
- that any procedures *in addition* to those described on this form and which are not the subject of an advance decision (see below) will only be carried out if it is necessary to save my life or prevent serious harm to my health.

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

I do / do not agree* that students may be present during the procedure (*please delete as appropriate).

Advance decisions (for patients aged 18 years and over only)

I have previously made an advance decision refusing this treatment or procedure, but have now changed my mind and am happy to have the treatment/procedure described on this form.

I have an existing advance decision refusing a treatment/procedure which may become necessary during the treatment/procedure described on this form. This includes:

(if this advance decision is in writing, file a copy in the medical record. If it is verbal, make detailed notes. If it refuses life sustaining treatment it must be in writing, signed, dated, witnessed and clearly state that the decision applies even if the patient's life is at risk.)

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, even if not performing such procedures immediately could or would lead to serious permanent injury or death.

Patient's signature Date

Name (PLEASE 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 (see notes).

Signature Date

Name (PLEASE PRINT) Relationship to patient

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.

Signed Date

Name (PLEASE PRINT) Job title

Professional registration number (e.g. GMC, NMC, GDC, HCPC etc.)

I confirm that I still want the procedure/treatment to go ahead.

Patient's signature Date

Name (PLEASE PRINT)

Patient has withdrawn consent

Ask patient to sign/date here and write **"VOID"** across all pages of the form.

Patient's signature Date

Name (PLEASE PRINT)

Top copy of form must be retained in the patient's notes.
Copy offered to patient: Welsh copy / English copy / Declined by patient (please circle)

Ffurflen Ganiatâd 1: Cydsyniad claf i archwiliad neu driniaeth

Dylid defnyddio'r ffurflen hon ar gyfer pobl 16 oed a hŷn sydd â galluedd meddyliol a phobl dan 16 oed sy'n gymwys yn ôl safon *Gillick*.

Pwyswch yn galed i sicrhau bod y 3 chopi yn gwbl glir

Manylion y claf (neu label wedi'i argraffu ymlaen llaw)	Gofynion arbennig
Cyfenw/enw teulu'r claf	(e.e. iaith arall/dull cyfathrebu arall)
Enwau cyntaf y claf
Dyddiad geni.....
<input type="checkbox"/> Gwryw <input type="checkbox"/> Benyw
Rhif GIG (neu fanylion adnabod eraill)	(Pwyswch yn galed i sicrhau bod y 3 chopi yn gwbl glir)

Enw'r driniaeth arfaethedig (dylid rhoi esboniad cryno os nad yw'r term meddygol yn glir)

Anesthetig Bydd y driniaeth hon yn cynnwys:

Anesthesia cyffredinol ac/neu anesthesia rhanbarthol Anesthesia lleol Tawelydd Dim

Unrhyw driniaethau ychwanegol a allai ddod yn angenrheidiol yn ystod y driniaeth

Dim disgwyl y bydd angen unrhyw driniaeth ychwanegol Trallwysiad gwaed

Triniaeth arall (nodwch)

Datganiad y gweithiwr iechyd proffesiynol (rhaid i'r gweithiwr iechyd proffesiynol fod â gwybodaeth briodol am y driniaeth arfaethedig)

Pobl 16 oed a hŷn (y tybir bod ganddynt y galluedd i gydsynio i'r driniaeth). Ticiwch UN blwch:

Yn fy marn i nid oes unrhyw reswm i amau galluedd y claf i wneud y penderfyniad hwn; **NEU**

Aseswyd gauedd meddyliol y claf i gydsynio/i wrthod y driniaeth hon ac mae gan y claf y galluedd meddyliol i wneud y penderfyniad hwn. Cofnodwyd yr asesiad ar gofnod y claf.

Pobl dan 16 oed

Ar ôl esbonio'r driniaeth yn llawn, ei buddion ac unrhyw risgiau cysylltiedig, credaf fod y plentyn yn ddigon aeddfed a deallus i ddeall y driniaeth arfaethedig yn llawn ac i wneud penderfyniad sydd wedi'i seilio ar yr wybodaeth a ddarparwyd. Felly, credaf fod y claf **yn gymwys yn ôl safon Gillick** i wneud y penderfyniad hwn.

Mae'r plentyn wedi **cytuno** / **gwrthod** cynnwys rhywun â chyfrifoldeb rhiant yn y penderfyniad hwn.

Penderfyniadau a wnaed ymlaen llaw (ar gyfer cleifion 18 oed a hŷn yn unig)

Mae'r claf wedi gwneud penderfyniad dilys a chymwys ymlaen llaw i wrthod y driniaeth hon **neu** driniaeth a all ddod yn angenrheidiol yn ystod y driniaeth dan sylw.

(Gwnewch yn siŵr fod y claf yn nodi'r manylion llawn yn yr adran penderfyniadau a wnaed ymlaen llaw ar y dudalen nesaf.)

Gwybodaeth am y driniaeth

Rwyf wedi esbonio'r driniaeth i'r claf. Yn arbennig, rwyf wedi esbonio:

Buddion y bwriedir eu cael:

Risgiau sylweddol, risgiau na ellir eu hosgoi neu risgiau sy'n digwydd yn aml, gan gynnwys unrhyw risgiau o arwyddocâd arbennig i'r claf hwn:

Rwyf hefyd wedi trafod:

Beth sy'n debygol o fod ynghlwm yn y driniaeth.

Unrhyw bryderon penodol sydd gan y claf.

Buddion a risgiau unrhyw driniaethau eraill sydd ar gael (gan gynnwys dim triniaeth).

Rhowch fanylion:

Rwyf wedi darparu'r daflen / cd / dvd / dolen we isod (nodwch deitl y daflen a dyddiad ei chyhoeddi; teitl y cd/dvd a'r "fersiwn" os cafodd ei ddiwygio).

Llofnod Dyddiad

Enw (LLYTHRENNAU BRAS) Teitl swydd

Rhif cofrestru proffesiynol (e.e. GMC, NMC, GDC, HCPC ac ati)

Manylion cyswllt (os bydd y claf am drafod opsiynau yn ddiweddarach).....

Datganiad y cyfiethydd/dehonglydd (pan fo'n briodol)

Rwyf wedi cyfleu'r wybodaeth uchod i'r claf hyd eithaf fy ngallu ac mewn ffordd y gall ei deall yn fy marn i.

Llofnod Dyddiad

Enw (LLYTHRENNAU BRAS)..... Manylion cyswllt

Datganiad a llofnod y claf

Byddwn yn cynnig copi o'r ffurflen hon i chi. Os oes gennych unrhyw gwestiynau eraill, cofiwch ofyn – rydym yma i'ch helpu. **Cewch newid eich meddwl unrhyw bryd**, gan gynnwys ar ôl i chi lofnodi'r ffurflen hon.

Rwy'n deall:

- yr wybodaeth rwyf wedi'i chael am yr archwiliad neu'r driniaeth a ddisgrifir yn y ffurflen hon.
- na allwch sicrhau y bydd rhywun penodol yn cyflawni'r driniaeth. Fodd bynnag, bydd gan yr unigolyn brofiad priodol.
- y caf y cyfle i drafod manylion yr anesthesia gydag anesthetydd cyn y driniaeth, oni fydd natur frys fy sefyllfa yn atal hyn. (Dim ond i gleifion sy'n cael anesthesia cyffredinol neu anesthesia rhanbarthol y mae hyn yn berthnasol).
- mai dim ond os yw'n angenrheidiol i achub fy mywyd neu i atal niwed difrifol i'm hiechyd y darperir unrhyw driniaeth yn *ychwanegol* at y rhai a ddisgrifir yn y ffurflen hon ac nad ydynt yn destun penderfyniad a wnaed ymlaen llaw (gweler isod).

Rwy'n cytuno i'r driniaeth a ddisgrifir yn y ffurflen hon.

Rwy'n cytuno/nid wyf yn cytuno* y gall myfyrwyr fod yn bresennol yn ystod y driniaeth. (*dilewch fel sy'n briodol).

Penderfyniadau a wnaed ymlaen llaw (ar gyfer cleifion 18 oed a hŷn yn unig)

Rwyf wedi gwneud penderfyniad ymlaen llaw i wrthod y driniaeth hon, ond rwyf wedi newid fy meddwl yn awr, ac rwy'n fodlon cael y driniaeth a ddisgrifir yn y ffurflen hon.

Rwyf eisoes wedi gwneud penderfyniad ymlaen llaw i wrthod unrhyw driniaeth a allai fod yn angenrheidiol yn ystod y driniaeth a ddisgrifir yn y ffurflen hon. Mae hyn yn cynnwys:

(os gwnaed y penderfyniad hwn mewn ysgrifen, ffeilwch gopi yn y cofnod meddygol. Os yw'n benderfyniad llafar, gwnewch nodiadau manwl. Os yw'n gwrthod triniaeth i gynnal bywyd, rhaid iddo fod mewn ysgrifen ac wedi'i lofnodi a'i ddyddio, a'i lofnodi gan dyst, gan ddatgan yn glir fod y penderfyniad yn sefyll hyd yn oed os yw bywyd y claf mewn perygl).

Rwyf wedi cael gwybod am driniaethau ychwanegol a allai fod yn angenrheidiol yn ystod y driniaeth. Isod, rwyf wedi rhestru unrhyw driniaethau **nad wyf am iddynt gael eu cyflawni** heb drafodaeth bellach, hyd yn oed os byddai peidio â rhoi triniaethau o'r fath ar unwaith yn golygu, o bosibl, anaf parhaol difrifol neu farwolaeth.....

Llofnod y claf Dyddiad

Enw (LLYTHRENNAU BRAS).....

Dylai tyst lofnodi isod os na all y claf wneud hynny ond bod y claf wedi dangos s ei fod yn rhoi caniatâd. Efallai yr hoffai pobl ifanc/plant i riant lofnodi yma (gweler nodiadau).

Llofnod Dyddiad

Enw (LLYTHRENNAU BRAS)..... Perthynas â'r claf

Cadarnhau caniatâd (i'w gwblhau gan weithiwr iechyd proffesiynol pan dderbynnir claf i'r ysbyty ar gyfer y driniaeth, os yw'r claf wedi lofnodi'r ffurflen ymlaen llaw)

Ar ran y tîm sy'n trinn y claf, rwyf wedi cadarnhau gyda'r claf nad oes ganddo unrhyw gwestiynau eraill a'i fod am fwrw ati â'r driniaeth.

Llofnod Dyddiad

Enw (LLYTHRENNAU BRAS)..... Teitl swydd

Rhif cofrestru proffesiynol (e.e. GMC, NMC, GDC, HCPC ac ati)

Rwyf yn cadarnhau fy mod am barhau â'r driniaeth.

Llofnod y claf Dyddiad

Enw (LLYTHRENNAU BRAS).....

Y claf wedi tynnu ei ganiatâd yn ôl

Gofynnwch i'r claf lofnodi a rhoi'r dyddiad yma ac ysgrifennu "**DI-RYM**" ar holl dudalennau'r ffurflen.

Llofnod y claf Dyddiad

Enw (LLYTHRENNAU BRAS).....

Rhiad cadw'r copi uchaf o'r ffurflen hon gyda nodiadau'r claf.

Wedi cynnig copi i'r claf: copi Cymraeg / copi Saesneg / wedi'i wrthod gan y claf (rhowch gylch)

Consent Form 1: Patient agreement to examination or treatment

This form is to be used for people aged 16 years and over with mental capacity and people under 16 years of age who are *Gillick* competent

Please press hard and ensure all three copies are legible

Patient details (or pre-printed label)

Patient's surname/family name

Patient's first names

Date of birth

Male Female

NHS Number (or other identifier)

Special requirements

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

(Please press hard to ensure all 3 copies are legible)

Name of proposed procedure or course of treatment (include brief explanation if medical term not clear)

Anaesthetic This procedure will involve:

General and/or regional anaesthesia Local anaesthesia Sedation None

Any extra procedures which may become necessary during the procedure

None expected Blood transfusion

Other procedure (please specify)

Statement of health professional (health professional must have appropriate knowledge of proposed procedure)

People aged 16 years and over (are presumed to have capacity to consent to treatment). Please tick ONE box:

- In my opinion there are no reasons to doubt the patient's capacity to make this decision; **OR**
- The patient's mental capacity to consent to/refuse this treatment has been assessed and the patient has the mental capacity to make this decision. A note of the assessment has been placed on the patient's record.

People under 16 years of age

After a full explanation of the procedure and its risks and benefits, I believe that the child has sufficient maturity and intelligence to be capable of understanding fully the treatment proposed and making a decision based on the information provided. I therefore believe that the patient is **Gillick competent** to make this decision.

The child has **agreed** / **declined** to involve someone with parental responsibility in this decision.

Advance decisions (for patients aged 18 years and over only)

The patient has made a valid and applicable advance decision refusing this treatment/procedure **or** a treatment or procedure which may become necessary during the treatment/procedure in question.
(Ensure the patient completes full details in the Advance decisions section on the opposite page.)

Information about the procedure/treatment

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

Intended benefits:

Significant, unavoidable or frequently occurring risks, including any risks of particular significance to this patient:

I have also discussed:

- What the procedure is likely to involve.
- Any particular concerns of the patient.
- The benefits and risks of any available alternative treatments (including no treatment).

Please include details:

I have provided the following leaflet / cd / dvd / weblink (please specify title of the leaflet and date of issue; title of the cd/dvd and "version" if it has been amended).

Signed Date

Name (PLEASE PRINT) Job title

Professional registration number (e.g. GMC, NMC, GDC, HCPC etc.)

Contact details (if patient wishes to discuss options later)

Statement of interpreter (where appropriate)

I have interpreted the above information to the patient to the best of my ability and in a way in which I believe s/he can understand.

Signed Date

Name (PLEASE PRINT) Contact details

Statement and signature of patient

You will be offered a copy of this form. 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 understand:

- the information that I have been given about the examination or treatment described on this form.
- that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.
- 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.)
- that any procedures *in addition* to those described on this form and which are not the subject of an advance decision (see below) will only be carried out if it is necessary to save my life or prevent serious harm to my health.

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

I do / do not agree* that students may be present during the procedure (*please delete as appropriate).

Advance decisions (for patients aged 18 years and over only)

I have previously made an advance decision refusing this treatment or procedure, but have now changed my mind and am happy to have the treatment/procedure described on this form.

I have an existing advance decision refusing a treatment/procedure which may become necessary during the treatment/procedure described on this form. This includes:

(if this advance decision is in writing, file a copy in the medical record. If it is verbal, make detailed notes. If it refuses life sustaining treatment it must be in writing, signed, dated, witnessed and clearly state that the decision applies even if the patient's life is at risk.)

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, even if not performing such procedures immediately could or would lead to serious permanent injury or death.

Patient's signature Date

Name (PLEASE 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 (see notes).

Signature Date

Name (PLEASE PRINT) Relationship to patient

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.

Signed Date

Name (PLEASE PRINT) Job title

Professional registration number (e.g. GMC, NMC, GDC, HCPC etc.)

I confirm that I still want the procedure/treatment to go ahead.

Patient's signature Date

Name (PLEASE PRINT)

Patient has withdrawn consent

Ask patient to sign/date here and write **"VOID"** across all pages of the form.

Patient's signature Date

Name (PLEASE PRINT)

Top copy of form must be retained in the patient's notes.
Copy offered to patient: Welsh copy / English copy / Declined by patient (please circle)