NHS | HEART of ENGLAND NHS Foundation Trust

Consent Form 3

Patient Agreement to Investigation or Treatment
(procedures where consciousness is not impaired)

Patient details (or pre-printed label)

Patient's surname/family name ..... Patient's first names .....
Date of Birth..... Male ☐ Female ☐
NHS number ..... PID .....
Responsible health professional.....
Job title ..... Registration number.....
Special requirements.....
(eg other language/other communication method)

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

.....

Statement of health professional (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy and delegated consent policy)

I have read and understood the guidance to health professionals overleaf.

I have explained the procedure to the patient, in particular, I have explained:

The intended benefits: .....

.....

.....

The significant, unavoidable or frequently occurring risks:.....

.....

.....

Any extra procedures which may become necessary during the procedure:

☐ Blood transfusion .....

☐ Other procedures (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/CD/DVD has been provided.....

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 she/he can understand.

Signed .....Date.....
Name (PRINT).....

Copy accepted by patient: yes / no (please ring)
YELLOW COPY: CASE NOTES WHITE COPY: PATIENT

Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy, 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 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. 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 even if I become at risk of death: .....

.....

I consent/do not consent to the removal of my tissue and/or blood products during this operation and
I consent/do not consent to its use for (tick as applicable):

☐ Research in connection with disorders and/or the functioning of the human body
☐ Obtaining scientific or medical information about a living or deceased person which may be relevant to any other person (including a future person)

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.

Signed.....Date.....
Name (PRINT).....

Confirmation of consent (to be completed by a health professional and the patient 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 discussed the treatment with the patient and answered any further questions or concerns. I have also confirmed with the patient that she/he has made an informed decision and wishes to go ahead.

Health Professional

Signed ..... Date.....
Name (PRINT)..... Job Title .....

Patient

Signed ..... Date .....
Name (PRINT).....

Important notes: (tick if applicable)

☐ See also advanced decision to refuse treatment/living will (e.g.Jehovah's Witness form)
☐ Patient has withdrawn consent patient to sign and date here .....

Guidance to health professionals

(to be read in conjunction with the Consent to Examination or Treatment policy)

What a consent form is for

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

The law on consent

The process of taking consent is underpinned by the common law, the Human Rights Act 1998 and the Mental Capacity Act 2005. All staff involved in providing care to patients must be familiar with the Consent to Treatment or Examination policy.

More information on consent and the legislation behind it can be found in the Department of Health's Reference Guide to Consent for Examination or Treatment at http://www.dh.gov.uk or the Office of the Public Guardian at http://www.publicguardian.gov.uk/.

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 counter sign as well. However 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 physically unable to sign a form, you should complete this formas usual, and ask an independent witness to confirm that the patient has given consent.

When to use this form

This form documents the patient's agreement to go ahead with the investigation or treatment you have proposed. It is only designed for procedures where the patient is expected to remain alert throughout and where an anaesthetist is not involved in their care; for example for drug therapy where written consent is deemed appropriate. In other circumstances you should use either form 1 (for adults/competent children) or form 2 (parental consent for children/young people) as appropriate.

When NOT to use this form

When a patient is below 18 and does not have the capacity to consent, you should use consent form 2. If the patient is 18 or over and does not have the capacity to make a decision, you should use form 4 (i.e. Form for adults who lack the capacity to consent to investigation or treatment). A patient lacks the capacity to consent to the proposed treatment or investigation if they have an impairment of the mind or brain or disturbance affecting the way their mind or brain works and they cannot:

- understand the information about the decision to be made
- retain that information
- use or weigh that information as part of the process of making a decision
- communicate their decision (by talking, using sign language or any other means)

You should always take all reasonable steps (e.g. involving more specialist colleagues) to support a patient in making their own decision, before concluding that they lack the capacity to do so.

Relatives cannot be asked to sign a 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 or as a Court Appointed Deputy.

Information

Information about what the treatment will involve, its benefits and risks (including side-effects and complications) and the alternatives to this 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 significant, unavoidable and frequently occurring risks. In addition if patients make 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 the very basic information about what is proposed. Where information is refused, you should document this on this form and in the patient's medical records.

If consent is sought for the use of tissue/blood products from the patient for one or more of the purposes identified in the consent form, information should be given to the patient about the nature and purpose of what is proposed so that the patient is able to make an informed decision. The patient should be told of any 'significant' risks inherent in the way the tissue/blood products will be obtained, how the tissue/blood products will be used and any risks or possible implications of its use. When taking consent for the use of tissue/blood products, you should comply with the Human Tissue Authority Code of Practice on Consent.

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☐ Other procedures (please specify):.....

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Health Professional

Signed ..... Date.....
Name (PRINT)..... Job Title .....

Patient

Signed ..... Date .....
Name (PRINT).....

Important notes: (tick if applicable)

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