

Consent Form 4

Form for adults who are unable to consent to investigation or treatment

For staff use only:
Surname:
First names:
Date of birth:
Hospital no:
Male/Female:
(Use hospital identification label)

Responsible health professional/job title

.....

Special requirements.....
(For example, other language/other communication method)

All sections to be completed by health professional proposing the procedure

A Details of procedure or course of treatment proposed

(NB see guidance to health professionals for details of situations where court approval must first be sought)

B Assessment of patient's capacity

I confirm that the patient lacks capacity to give or withhold consent to this procedure or course of treatment because:

- The patient is unable to comprehend and retain information material to the decision; and or
- The patient is unable to use and weigh this information in the decision-making process; or
- The patient is unconscious

Further details (excluding where patient unconscious): for example how above judgements reached; which colleagues consulted; what attempts made to assist the patient make his or her own decision and why these were not successful.

C Assessment of patient's best interests

To the best of my knowledge, the patient has not refused this procedure in a valid advance directive. Where possible and appropriate, I have consulted with colleagues and those close to the patient, and I believe the procedure to be in the patient's best interests because:

(Where incapacity is likely to be temporary, for example if patient is unconscious, or where patient has fluctuating capacity)

The treatment cannot wait until the patient recovers capacity because:

Guidance for health professionals can be found at <http://www.addenbrookes.org.uk/consent/guidance>

