Freedom of Information Act 2000 - Request Reference FoI/20/120
ECT Consent Form

Request details

I would like to make a request under the Freedom of Information Act.

Could I please request the Electroconvulsive Therapy (ECT) informed consent paperwork for the following clinics:

- ECT Suite, Llandough Hospital

Response details

Cardiff and Vale University Health Board (the UHB) does not hold this information. Under our Section 16 obligation, the duty to provide advice and assistance, the UHB would like to advise that the generic consent form is used. Please find the form on page 2.

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 under16 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)

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.....

.....

(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)

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.....

.....

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)