



Clinical Consent Agreement Form

DOCUMENT NO. CP107-1
 ISSUE NO: 7
 ISSUE DATE: 09/02/2024

Residents Name:	Date:
------------------------	--------------

This form must be completed prior to or upon admission and then re-done every six months, or where resident's needs change.

Where a resident is unable to provide consent an MCA and BI decision must be available within the care plan. This form can then be signed by the person making decisions on behalf of the resident. [Section 2]

- I hereby confirm that this is my current care plan and I have been involved with the creation and planning of my care.
- I confirm that I have been made aware of my prescribed medication and where changes are made to my medication administration, I wish for myself or my next of kin to be informed.
- I understand that verbal consent will be obtained from me on a daily basis, and I am therefore able to withdraw consent should I wish to do so in line with my daily care needs.
- I consent to TLC sharing my healthcare information with visiting professionals to support my wellbeing. This includes Dentists, GP's, Chiropodists, and the Ambulance Services among others.
- I consent to information about my health and wellbeing being shared with my named relatives and contacts should my health deteriorate.
- I Consent to team members, specifically trained in Medication Administration, to administer my medication as per instructed by the GP and/or other authorised healthcare provider and where required I consent to information relating to my Medication being shared with my healthcare professionals.
- I consent to my photograph being taken for clinical purposes.
- I consent to my photograph being uploaded to TLC social media outlets

Residents Signature:	Date:
-----------------------------	--------------

If the resident is unable to provide written consent, please complete the below sections.

Next of Kin or Power of Attorney:

Name:		Signature:		Date:	
Do you hold LPA [Health and Welfare]?	Yes/No	If no, has a best interest decision been documented?	Yes/No		

Internal use:

Name:		Role:	
I confirm that a copy of the LPA has been saved on iCare [Health and Welfare]?	Initial	Where there is no LPA, I confirm that a best Interest meeting has been documented on iCare.	Initial

Truth Love Compassion