



# CONSENT FORM 1

[Therapy assessment, intervention etc]



Name:

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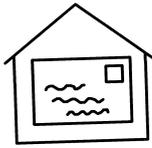
NHS number:.....



Month:	.....								
1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18		
19	20	21	22	23	24	25	26		
27	28	29	30	31					

Born on:

.....



Address:

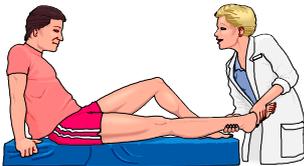
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Phone number:

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Name of therapist:

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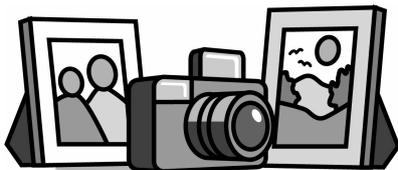


Choose a box to tick

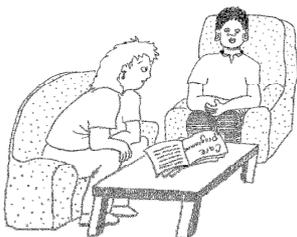
This form is for:



Therapy Assessment



Photos [if needed] for your assessment



Therapy



Other, please state:

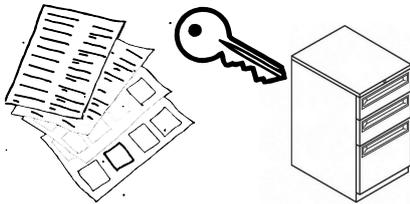
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## IMPORTANT INFORMATION



You will be treated well.

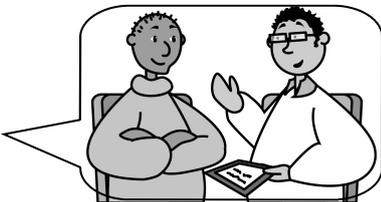


All your photos and information will be kept in a locked cupboard.



We will not tell other people about you.

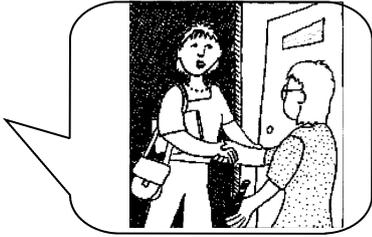
But we will talk to your:



Support worker



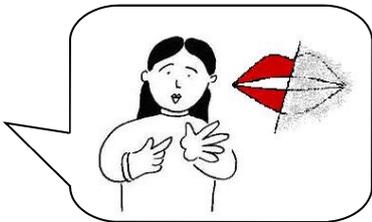
GP



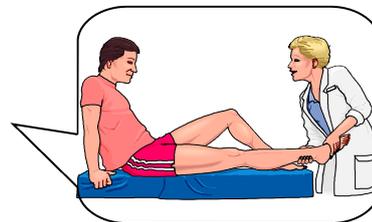
**Nurse**



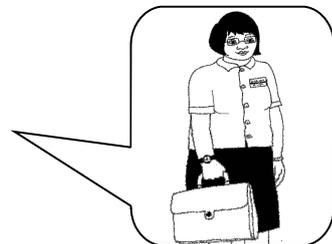
**Occupational Therapist**



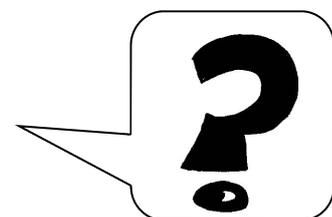
**Speech & Language  
Therapist**



**Physiotherapist**



**Social Worker**



**Other, please state:**

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# DO YOU HAVE:



<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

## An Advance Decision

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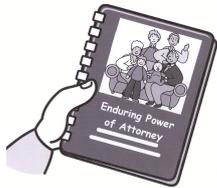
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<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

## Enduring Power of Attorney

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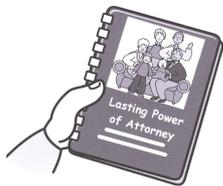
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<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

## Lasting Power of Attorney

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<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

## An existing Advocate

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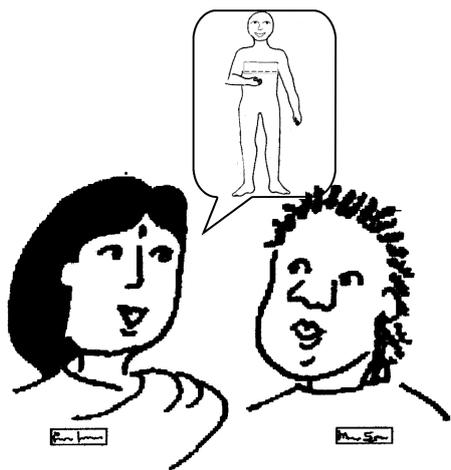
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**If you or others are in danger we will have to tell someone who can help.**



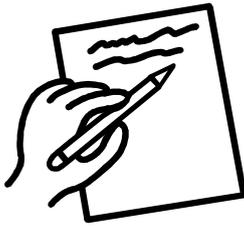
**If you do not understand anything, or you have any questions, then your therapist will explain.**



## AGREEMENT



I say yes to the above:



Sign name [client]:

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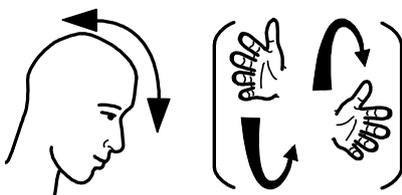
Clear verbal agreement  
[state how/what said]:

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Clear non-verbal agreement  
[state how]:

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**NOTE FOR STAFF**

**IF UNABLE TO CONSENT BY USING ANY OF THE ABOVE PLEASE COMPLETE THE FOLLOWING:**

**Demonstrates positive behavioural indicators**

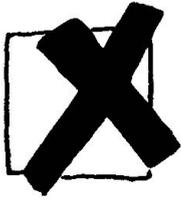
**[note what]:**

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**AND**

**There is clear multi-disciplinary agreement that the assessment/intervention is in the individuals best interests [clear documented evidence of this is needed]:**

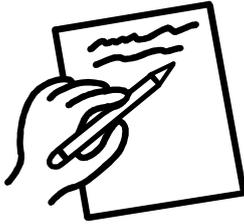
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# DISAGREEMENT



I say no to the above:



Sign name [client]:

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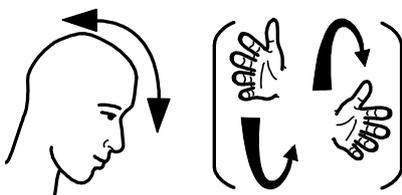
Clear verbal disagreement  
[state how/what said]:

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Clear non-verbal agreement  
[state how]:

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**NOTE FOR STAFF**

**IF UNABLE TO CONSENT BY USING ANY OF THE ABOVE PLEASE COMPLETE THE FOLLOWING:**

**Demonstrates negative behavioural indicators**

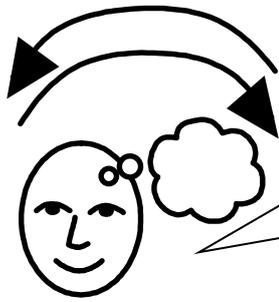
**[note what]:**

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**AND**

**There is clear multi-disciplinary agreement that the assessment/intervention is NOT in the individuals best interests [clear documented evidence of this is needed]:**

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If I change my mind  
I will tell my  
therapist



This has been witnessed and confirmed by:



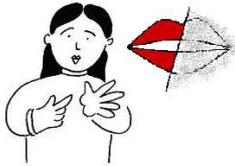
Sign name:

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Print name:

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Title:

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Date:

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Second witness:

eg: mum, dad, keyworker, team leader, support worker etc

Sign name:

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Print name:

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Title:

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Date:

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