

Consent Form 3 Foreign language pack

PORTUGUESE

This pack contains:

- One Portuguese language Consent Form 3 - [CHA2880](#)
This is set out identically to the Trust's current Consent Form 3
- One English language Consent Form 3 CHA2335 for reference. This includes guidance notes for help and support.

Please complete the foreign language consent form and file in the patient's health record.

The patient should be given a photocopy of the completed foreign language consent form.

Formulário de consentimento para utilização em Cornwall

Formulário de Consentimento 3

**Procedimentos de investigação ou
tratamento menores em que a consciência não é afectada**

**Acordo adulto e parental com a
investigação ou o tratamento**

FORMULÁRIO DE CONSENTIMENTO 3

Para utilização em Cornwall ACORDO DO PACIENTE/PARENTAL

(Procedimentos em que a consciência não é afectada)

Nome do procedimento ou tratamento

(incluindo uma breve explicação, se o termo médico não for claro)

.....
.....
.....

Número de NHS:
Nome do paciente:
Endereço:
Data de nascimento:
Número do CR:

Requisitos Especiais
(por exemplo, outra língua, outro método de comunicação, etc.)

Profissional de saúde responsável

Função

Declaração do Profissional de Saúde (a preencher pelo profissional de saúde com os devidos conhecimentos do procedimento proposto, conforme especificado na política de consentimento)

Expliquei o procedimento ao paciente/progenitor. Em particular, expliquei:

Os benefícios esperados

Os riscos significativos, inevitáveis ou frequentes

Indiquei igualmente aquilo que o procedimento poderá implicar, os benefícios e os riscos de todos os tratamentos alternativos disponíveis (incluindo não tratamento) e todas as preocupações específicas das partes envolvidas.

Foi facultado o seguinte panfleto/cassete

Assinatura Data

Nome (EM LETRA DE IMPRENSA) Função

Declaração do Intérprete (se aplicável)

Interpretei as informações acima ao paciente/progenitor da melhor forma possível e de um modo que creio que estes as podem compreender.

Assinatura Data

Nome (EM LETRA DE IMPRENSA)

Certifique-se de que a etiqueta/os dados de identificação do paciente se encontram em ambas as cópias.



Declaração do paciente/da pessoa com responsabilidade parental

Concordo com o procedimento descrito acima.

Compreendo que não pode ser-me garantido que uma pessoa específica irá realizar o procedimento. No entanto, a pessoa terá a experiência adequada.

Compreendo que o procedimento irá/não irá envolver anestesia local.

Concordo/discordo que possam ser utilizadas anonimamente e armazenadas para efeitos de controlo da qualidade e outros propósitos técnicos amostras de tecidos e fluidos **[eliminar conforme apropriado]**.

Concordo/discordo que possam ser utilizadas anonimamente e armazenadas para efeitos clínicos educacionais amostras de tecidos e fluidos **[eliminar conforme apropriado]**.

Concordo/discordo que possam ser utilizadas anonimamente e armazenadas para investigações eticamente aprovadas amostras de tecidos e fluidos **[eliminar conforme apropriado]**.

Listei abaixo todos os tipos de investigação médica para os quais não pretendo que as minhas amostras/as amostras da minha criança sejam utilizadas:

.....
.....
.....

Assinatura Data

Nome (EM LETRA DE IMPRENSA) Relação com o paciente

Confirmação do Consentimento (a preencher pelo profissional de saúde, quando o paciente for admitido para o procedimento, se o paciente/progenitor tiver assinado o formulário previamente)

Confirmei que o paciente/progenitor não tem quaisquer questões adicionais e pretende avançar com o procedimento.

Assinatura Data

Nome (EM LETRA DE IMPRENSA) Função

DOBRAR PARA INSERÇÃO NOS REGISTOS MÉDICOS.

CÓPIA SUPERIOR AMARELA PARA OS REGISTO MÉDICOS
Cópia branca aceite pelo paciente/progenitor: **SIM** ou **NÃO** (assinalar)
NB: Ver Guia para Profissionais de Saúde na capa interior.

Consent form for use in Cornwall

Consent Form 3

**Minor investigation or treatment
procedures where consciousness not impaired**

**Adult and parental agreement to
investigation or treatment**

Guidance to Health Professionals (to be read in conjunction with consent policy)

What a consent form is for

This form documents the patient's agreement (or that of a person with parental responsibility for the patient) 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.

Consent forms are not legal waivers - 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 also have the right to change their minds after the form has been signed.

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, if they wish. If the child is not able to give consent for himself or herself, someone with parental responsibility may do so on their behalf. 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 is physically unable to sign a form, you should complete this form as usual, and ask an independent witness to confirm that the patient has given consent orally or non-verbally.

When NOT to use this form

If the patient is 18 or over and lacks capacity to give consent, you should use form 4 (form for adults who lack capacity to consent to treatment) instead of this form. A patient lacks capacity if they have an impairment of the mind or brain or disturbance affecting the way their mind or brain works and they cannot:

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

You should always take all reasonable steps (for example involving more specialist colleagues) to support a patient in making their own decision, before concluding that they are unable to do so.

Relatives **cannot** be asked to sign this 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 the particular procedure proposed, is crucial for patients when making up their minds about treatment. 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 'serious or frequently occurring' risks. In addition if patients make 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 very basic information about what is proposed. Where information is refused, you should document this overleaf or in the patient's notes.

The law on consent

See the Department of Health's *Reference Guide to Consent for Examination or Treatment* for a comprehensive summary of the law on consent (also available at www.doh.gov.uk/consent).

CONSENT FORM 3

For use in Cornwall

PATIENT/PARENTAL AGREEMENT

(Procedures where consciousness not impaired)

Name of procedure or treatment

(including brief explanation if medical term not clear)

.....
.....
.....

NHS number:.....
Name of patient:.....
Address:.....
Date of birth:.....
CR number:.....

Special Requirements
(e.g. other language, other communication method etc.)

Responsible health professional

Job title

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

I have explained the procedure to the patient / parent. In particular, I have explained:

The intended benefits

Significant, unavoidable or frequently occurring risks

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 those involved.

The following leaflet / tape has been provided

Signed Date

Name (PRINT) job title

Statement of interpreter (where appropriate)

I have interpreted the information above to the patient / parent to the best of my ability and in a way in which I believe they can understand.

Signed Date

Name (PRINT)

Please ensure Patient identifier details/label is on both copies



Statement of patient / person with parental responsibility

I agree to the procedure described above.

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 the procedure will/will not involve local anaesthesia.

I agree / disagree that tissue and fluid samples may be used anonymously and stored for quality control and other technical purposes *[delete as appropriate]*.

I agree / disagree that tissue and fluid samples may be used anonymously and stored for clinical education *[delete as appropriate]*.

I agree / disagree that tissue and fluid samples may be used anonymously and stored for ethically approved research *[delete as appropriate]*.

I have listed below any type of medical research for which I do not wish my / my child's samples to be used:

.....
.....
.....
.....

Signature Date

Name (PRINT) Relationship to patient

Confirmation of Consent (to be completed by health professional when the patient is admitted for the procedure, if the patient / parent has signed the form in advance)

I have confirmed that the patient / parent has no further questions and wishes the procedure to go ahead.

Signed Date

Name (PRINT) Job title

PLEASE FOLD FOR INSERTION INTO HEALTH RECORDS

YELLOW TOP COPY FOR HEALTH RECORDS

White copy accepted by patient/parent: YES or NO (please ring)
N.B. See Guidance to Health Professionals on inside cover