

Sheffield Clinical Commissioning Group

Consent to NHS Continuing Healthcare processes

FORM 1 - for people that **HAVE** capacity to consent to the screening and assessment process and for care to be arranged for them, including making payments to providers.

This form indicates that the person named below has consented to be screened for assessment for continuing healthcare, for full assessment and for their care to be arranged and paid for, if appropriate.

Section A

Patient:	DOB:	
NHS Number:	Date of Interview:	
Does this person require an interpreter:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was an interpreter present at the interview:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of Assessor:		

Does the person have capacity to consent to be screened for continuing healthcare, full assessment and for care to be arranged for them, including making payments to providers if appropriate?

Yes No

Section B: Declaration of Consent

If the person **has capacity** to consent to the initial screening, full assessment for continuing healthcare eligibility and for care to be arranged for them, including making payments to providers, has their consent been obtained?

Yes No

Where the patient **does not** have capacity to consent to this decision, please complete **Form 2**.

I give my consent to the initial screening and full assessment for continuing healthcare eligibility and for the sharing of information with other professionals involved in determining eligibility for continuing healthcare and arranging or paying for care (please delete as appropriate). I understand that I may withdraw my consent at any stage and that if I do this may prevent care from being provided for me:

Patient signature:

Patient print name:..... Date:

Assessor signature:

Assessor print name: Date: