D

CONSENT FORM THREE (3)

Addressograph
Patient's surname / family name:
Patient's first name(s):
Date of birth:
Hospital number:
NHS number:

☐ Male ☐ Female

Agreement to an investigation, procedure or treatment by a patient with mental capacity

PROCEDURAL SPECIFIC

CVS

Chorionic Villus Sampling (CVS) is the taking of small pieces of placental tissue (a biopsy) to enable the chromosomes (the structures which hold all the baby's genes) to be examined

This procedure will involve:

General Anaesthesia	Regional Anaesthesia	Local Anaesthesia	Sedation

For staff use (to be completed in all cases):

(a) Does the patient have mental capacity? **Yes / No** (*please circle*)
If 'No' do not use this form – Use Form 4

(b) Does the patient have a written Advance Decision or Lasting Power of Attorney? **Yes / No / Not Known** (*please circle*)
(If 'Yes' see Consent Policy and seek advice)

(c) Does the patient have any Special Requirements? E.g. **Yes / No / Not Applicable** (*please circle*)

An Interpreter Other Communication method Other (Please state below)

_____

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ORIGINAL TO BE RETAINED IN PATIENT'S NOTES

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1. **Statement of health professional:**

(To be completed by a health professional with appropriate knowledge of the proposed procedure, as specified in the Consent Policy)

I have explained the procedure to the patient. I have asked the patient if they have any particular concerns regarding the investigation, procedure or treatment. In particular, I have explained:

- the intended benefits: Fetal Diagnosis
- significant or frequently occurring risks:
  - failed analysis: Less than 1 in 100
  - miscarriage: 5 in 1,000
  - failure to obtain a sample: 1 in 100
  - Placental Mosaicism: 1 in 100 (requiring amniocentesis to clarify result)
- any extra procedures which may become necessary during the procedure e.g. blood transfusions or other procedure (please specify):
  - None anticipated

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative investigations, procedures or treatments (including no investigation, procedure or treatment) and any particular concerns of this patient.

Anaesthetic Leaflet given: Yes No Not applicable

M40 Chorionic villus Sampling leaflet given: Yes No

List other leaflets given: _____

Signed: _____ Date: _____

Name (PRINT): _____ Job Title: _____

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Has a copy of Page 1 & 2 been offered?	Yes		No	
Has a copy of Page 1 & 2 been given?	Yes		No	

Contact details (if patient wishes to discuss options later): _____

2. **Statement of interpreter or INTRAN information** (where appropriate)

I have interpreted the information above to the patient in a way which I believe they can understand

Interpreter's Signature: _____ Date: _ _ / _ _ / _ _ _ _

Name (PRINT): _____

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3. Statement of the Patient

Please read this form carefully. If the procedure has been planned in advance, you may already have your own copy of Page 1 & 2 which described the benefits and risks of the proposed investigation, procedure or treatment. If not, you may request a copy now. 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.

You may decline to be involved in the formal training of medical and other students. This will not affect your care, investigation, procedure or treatment.

Please read the below statements. For any that you do not agree to, please cross these out.

- **I agree** to the procedure or course of an investigation, procedure or treatment described on this form.
- **I agree** to the use of photography for the purpose of diagnosis, investigation, procedure or treatment.
- **I agree** to photographs being used for medical teaching.
- **I agree** that any samples or tissue taken for testing or examination may be stored and may subsequently be used for research and development purposes under strict legal and ethical guidelines.
- **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, if I am to have general or regional anaesthesia, 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.
- **I understand** that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.
- **I have been told** about additional procedures that may become necessary during my investigation, procedure or treatment.

I confirm that I have crossed through any above statements for which I do not agree (tick✓)
I have listed below any procedures which I do not wish to be carried out:

……
……
……
……

Patient's Signature: Date: _ _ / _ _ / _ _ _ _

Name (PRINT):

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4. **Signature of Witness** (if necessary)
If the patient is unable to sign the form but has indicated their consent, a witness should sign below: **Signature:** _____ **Date: _ _ / _ _ / _ _ _ _** **Name** (PRINT): _____
5. **Confirmation of continued 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 they have no further questions and wishes the procedure to go ahead. **I have** confirmed with the patient that there are no changes in circumstances (including possibility of pregnancy) since the original consent was obtained **Signature:** _____ **Date: _ _ / _ _ / _ _ _ _** **Name** (PRINT): _____

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Guidance to Health Professionals

(to be read in conjunction with the Trust's Consent Policy)

What a consent form is for

This form documents the patient's agreement to go ahead with the investigation, procedure or treatment you have proposed. It is not a legal waiver – if, for example, patients 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 are also entitled to change their mind after signing the form, if they retain mental capacity to do so. The form should act as an *aide-memoire* to health professionals and patients, by providing a checklist of the kind of information patients should be offered, and by enabling the patient to have a written record of the main points discussed.

Guidance on the law on consent

For guidance on the law relating to consent, see the sources of advice listed at Appendix III of the Consent Policy.

Who can give consent

Everyone aged 16 or more is presumed to have capacity to give consent for themselves, unless there is evidence to the contrary. If a child under the age of 16 has "sufficient understanding and intelligence to enable them to understand fully what is proposed", then they will be considered to have the capacity to give consent for themselves (this is commonly referred to as Gillick Competence). Young people aged 16 and 17, and legally 'competent' younger children may therefore sign this form for themselves, but it may be helpful for a parent to countersign as well.

When NOT to use this form

(i) Children - if a child is not able to give consent for themselves (see above), someone with parental responsibility may do so on their behalf and a separate form is available for this purpose (Form 2).

(ii) Patients lacking mental capacity (use Form 4) - if the patient is 18 years or over and lacks capacity to give consent, you should use Form 4 (form for adults who lack the capacity to consent to the investigation, procedure or treatment) instead of this form. A patient lacks capacity to give consent if they are unable to make a decision because of an impairment of the mind or brain because they cannot:

- understand information relevant to the decision and/or
- retain information long enough to make the decision and/or
- weigh and use this information in coming to a decision and/or
- communicate their decision (by talking, sign language or other means).

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

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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 authority to do so under a Lasting Power of Authority or as a Court-appointed deputy.

Information

It is important that patients should be given appropriate information about what the investigation, procedure or treatment will involve, its benefits and risks (including side-effects and complications) and the alternatives to the procedure proposed. 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 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 on the form or in the patient's notes.