

Consent form

For the Dynamic Support Register (DSR)

The DSR is a list of people at risk of going to hospital or already in hospital and with concerns about their care. A group of professionals including social workers, clinicians and commissioners meet to talk about the people on the list and try to find new ways to help. You cannot be added to this list without your consent.

1. Would you like to be added to the DSR?

☐ **Yes, I would like to be added to the DSR**

You will only be added to the list if you need to be. You might be offered a different service instead.

☐ **No, I do not want to be added to the DSR**

For a Care and Treatment Review (C(E)TR)

If a full C(E)TR is not needed, you might be offered a different type of meeting. This is called an enhanced MDT meeting and will include you and your family, and the professionals involved in your care, but does not have an independent panel. We will ask for your consent before every C(E)TR or enhanced MDT meeting.

1. Would you like to have the C(E)TR?

☐ **Yes, I would like to have the C(E)TR**

☐ **No, I do not want the C(E)TR**

2. Would you like to invite a family member, carer, advocate, or someone important to you to take part in your C(E)TR?

☐ Yes ☐ No

Name of family member/carer(s):

Name of advocate: _____

Other people (e.g. a friend): _____

3. When would you like your C(E)TR to happen?

- ☐ On the same day as another care meeting
☐ On a different day from other care meetings

4. Is there anything else that will help to make it go well for you?

5. About you

First name: _____

Surname: _____

Address: _____

Signature: _____

Today's date: _____

My date of
birth: _____

If consent is required from a parent, guardian, or legal appointee, please see next page.

Intentionally left blank

Consent by a guardian or legal appointee

If you are signing this consent form for an adult who does not have capacity to decide, please complete the form on page 1 and add your details here.

Name: _____

Address and postcode:

I am the guardian/legally appointed deputy* for

(Name): _____

Signed: _____

Date: _____

Consent for a child

For children under the age of 16, this form must be completed and signed by a parent or someone with parental responsibility:

Your name:

Your address and postcode:

I am the parent of, or I have parental responsibility for:

(Name): _____

Signed: _____

Date: _____