Wiltshire PCT

**CONSENT FOR COMREHENSIVE ASSESSMENT OF CONTINUING CARE NEEDS**

# Part 1: Client Details

**Surname**: …………………………… **Forenames**: ……………………………………

**Date of Birth**: ………………………. **Address**: .......................………………………

…………………………………………………………………… **Postcode**: ………………

**Phone number**……………………….. **GP**………………………………………………

**Part 2: Consent for a comprehensive assessment to be undertaken by the NHS/Social Services**

I agree to a comprehensive assessment of my continuing care needs being undertaken. I understand this may involve the NHS and/or Social Services contacting other organisations on my behalf, and sharing this information with providers who may deliver health and/or social care services to me.

However, I do not want the following information shared with (please specify the details below)

…………………………………………………………………………………………………

I would like my next of kin / representative involved in the review process: Yes / No **(please specify)**

Name of individual:……………………………Relationship:……………………………….

Signature: ………………………………………Date: ………………………………………

**Part 3: Only complete this part of the form where Part 2 has not been signed.** The patient does not have the capacity to sign part 2 of the form and there is nobody else who has the necessary authority to sign on the patient’s behalf (Power of Attorney or other).

Name: …………………………………..Position: ………………………………………...

Signature: ………………………………Location: ………………………………………..

Date: ……………………………………Phone Number: …………………………………

Authority to sign: ……………………………………………. Please specify Power of Attorney or other appropriate level of authority to act on the client’s behalf.

You should refer to the Mental Capacity Act (MCA) if appropriate to check whether an Independent Mental Capacity Advocate (IMCA) should be involved. For example if the patient is ‘unbefriended’ an IMCA would need to be involved (see P&P) under the MCA.This would apply if changes to the current accommodation were being proposed or where the patient is ‘unbefriended’ and is resident in a care home or hospital for more than 28days.