**RECORD OF INFORMED CONSENT TO VOLUNTARY ADMISSION / STAY**

**IN THE MENTAL HEALTH UNIT**

*(This form needs to be completed by an “Appropriate member of staff”[[1]](#footnote-1))*

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| --- | --- | --- | --- |
| **Patient’s Name & Surname** |  | **RiO No.:** |  |
| **Date of the assessment** |  |
| Admission to a mental health ward (including conveyance) for care and treatment (including assessment) of a mental disorder |
| **MANDATORY** | This will include varying levels of observation (meaning staff will watch over you to make sure you are safe and well whilst on the ward and maybe whilst you are absent from the ward), depending on a risk assessment. | **MANDATORY** |
| As a voluntary patient you have a right to absent yourself from hospital temporarily if you wish, however you must make arrangements with the nursing staff before you leave the ward/hospital. |
| If you go missing from the ward/hospital and/or don’t return from arranged absence and where there is a significant concern with regards to your safety or the safety of others, the hospital staff will take relevant steps to ensure your safe return. This may include contacting you, your family, police and, in certain cases, circulating your details to other mental health units. |
| You may be asked to undergo searches of your person or personal property and if you refuse or are not prepared to undergo a search, discussion will take place with the senior clinician present and discharge may be considered. |
| You have a right to discharge yourself from hospital and upon doing so you may be requested to see a doctor. If there are significant risks posed to you or others in relation to your mental disorder/physical condition, staff will have to consider using the power to detain under the Mental Health Act, or other legal authority. You will be informed of your rights if this were to occur. |
| **OPTIONAL[[2]](#footnote-2)** | The prescribing and administration of medication may at times involve an injection to control symptoms and behaviour. You will be given information about the medication and you will have a choice in the selection of the medication your consent will be sought before treatment is administered. | **Y/N** |
| Although it is very rare brief physical restraint may be used for the management of severely disturbed/aggressive behaviour. If the restraint is in relation to you wanting to leave the ward then this can only be done under the Mental Health Act and you will be informed of this. | **Y/N** |
| Blood tests and other relevant clinical investigations (for example ECG) will have to be carried out to ensure your physical health permits initiation of psychiatric medications and your consent will be sought at that time. | **Y/N** |
| All East London NHS Foundation Trust hospitals are non-smoking. You will therefore not be able to smoke whilst on the grounds of these premises. | **Y/N** |
| **OTHER RELEVANT FACTORS:** | These are recorded in the patients RiO records | **Y/N** |

**I can confirm the mandatory information above, along with any optional information indicated, was given to the patient and they have consented, without coercion, to be admitted (including conveyance) to a mental health ward for care and treatment (including assessment) for a mental disorder.**

Delete/Mark either A or B:

A) This is an acknowledgement that there were no doubts about the patient’s capacity[[3]](#footnote-3) regarding this decision,

**OR**

B) This is an acknowledgement that there were doubts about the patient’s capacity however after applying the two-stage capacity test (MCA 2005), it was found they did have capacity regarding this decision. This capacity assessment is recorded on RiO[[4]](#footnote-4).

Print Name:

Signature:

Designation:

1. *Appropriate member of staff:*

*• RC - If the patient is being regraded from MHA status to Voluntary*

*• Admitting doctor – If patient is transferred in from another Trust*

*• AMHP - When MHA assessment concludes with patient being admitted voluntarily*

*• CRT or Psych Liaison staff – If patient is admitted via these services* [↑](#footnote-ref-1)
2. *You must indicate whether you have (Y), or have not (N), explained one or more of these points to the patient. They must only be explained if they are relevant to circumstances of admission for that individual. Anything that is relevant and not covered on the list so far must be indicated (Y) in the OTHER RELEVANT FACTORS.* [↑](#footnote-ref-2)
3. *You must not rely solely on the patien‟s compliance as evidence to support the presumption of capacity afforded by the Mental Capacity Act 2005* [↑](#footnote-ref-3)
4. *This is a requirement of the Mental Health Act Code of Practice Para 13.22* [↑](#footnote-ref-4)