

**SWANSEA BAY UNIVERSITY HEALTH BOARD
MENTAL HEALTH & LEARNING DISABILITIES DELIVERY UNIT**

**SECTION 58 – CONSENT TO TREATMENT
(Code of Practice for Wales, para. 24.31,24.33,24.34,24.37)**

Name of Patient:		
Section:	Ward:	Hospital:

RECORD OF PATIENT'S CAPACITY TO CONSENT

	Yes	No
a) Does the patient understand the information given and are they able to retain it?	<input type="checkbox"/>	<input type="checkbox"/>
b) Has the patient the intellectual ability to weigh up the information?	<input type="checkbox"/>	<input type="checkbox"/>
c) Is the patient aware of the risks of the treatment?	<input type="checkbox"/>	<input type="checkbox"/>
d) Is the patient aware of the likelihood of success of the treatment?	<input type="checkbox"/>	<input type="checkbox"/>
e) Is the patient aware of the alternatives to the treatment?	<input type="checkbox"/>	<input type="checkbox"/>
Does the patient have capacity to consent to this treatment?	<input type="checkbox"/>	<input type="checkbox"/>
Does the patient consent to the treatment?	<input type="checkbox"/>	<input type="checkbox"/>
The patient was informed that he/she can withdraw treatment at any time.	<input type="checkbox"/>	<input type="checkbox"/>
The patient was informed that they may discuss treatment information with their named nurse and/or Responsible Clinician	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE RECORD YOUR DISCUSSION WITH THE PATIENT ABOUT THE PROPOSED FORM OF TREATMENT IN ACCORDANCE WITH CHAPTER 24.34 OF THE CODE OF PRACTICE FOR WALES

Responsible Clinician/Approved Clinician Signature:	Date:
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**Original: Mental Health Act Administrator, 2nd Floor, Swansea Bay UHB Headquarters, One Talbot Gateway, Port Talbot, SA12 7BR
Copy: File**

Revised: June 2019