

CARE FACILITY ADMISSION CONSENT

HLTH 3909 2019/09/23

This form is to be completed by the manager giving due consideration to Part 3 of the Health Care (Consent) and Care Facility (Admission) Act (HCCCFAA) and the Practice Guidelines for Seeking Consent to Care Facility Admission (Ministry of Health). Information is being collected under the authority of the HCCCFAA. A **manager** is defined by the HCCCFAA as an individual who is responsible for either or both of: (a) the operation of a care facility, or (b) admissions to a care facility.

INFORMATION OF ADULT TO BE ADMITTED		
Last Name of Adult to be Admitted	First Name of Adult to be Admitted	Second Name(s)
Personal Health Number (PHN)	Birthdate (YYYY / MM / DD)	
Consent provided by (choose one)		
the adult to be admitted the substitute (adult determined to be incapable through assessment)		
PROPOSED ADMISSION		
It is proposed that the adult be admitted to the following facility:		
Name of Care Facility	Address of Care Facility	
CONSENT OF ADULT OR SUBSTITUTE DECISION MAKER		
Adult or substitute providing consent to mark the appropriate boxes:		
 I have been given information about this care facility, including the care that will be received, the services that will be available and the circumstances in which I (or the adult) may leave the care facility. I have been given the opportunity to ask questions about admission to this facility, its benefits and risks, and the options if 		
admission is not accepted.		
l understand:		
☐ The care options available and possible outcomes.		
☐ I have the right to give or refuse consent to admission to this care facility.		
☐ I can revoke consent to admission to this care facility at any time.		
☐ If care and accommodation is offered at this care facility and I accept, it will become my (or the adult's) home.		
Additional Comments:		
Consent to the above-named care facility was:		
provided in writing inferred from		
provided orally conduct - describe:		
ADULT TO BE ADMITTED - WRITTEN CONSENT		,
	Signature of Adult to be Admitted	Print Name of Adult to be Admitted
☐ I CONSENT to being admitted		
to the above-named care facility.		Date Signed (YYYY / MM / DD)
OR: SUBSTITUTE DECISION MAKER - WRITTEN CONSENT		
	Signature of Substitute Decision Maker	Relationship to Adult
On behalf of the above-name adult,		
I CONSENT to the adult being admitted to the above-named care facility.	Direct Control of the	D C: 10000//MM (DD)
to the above-hamed care facility.	Print Substitute's Full Name	Date Signed (YYYY / MM / DD)
OR: MANAGER - CONSENT PROVIDED ORALLY OR INFERRED FROM CONDUCT		
	Signature of Manager	Date Signed (YYYY / MM / DD)
The above-named adult (or substitute		
decision maker on behalf of the adult) has CONSENTED to being admitted to	Print Name of Manager	Organization/Health Authority
the above-named care facility.		
and above numer care racinty.	Name of Substitute Decision Maker	Relationship to Adult