

Leaving Against Medical Advice Form

This form is designed to be used in conjunction with the "Guidelines On Patients Wishing To Leave Against Advice"

Name:	PAS Number:
Date Of Birth:	
Diagnosis:	
Treatment Required:	
Consequences Of Refusing Treatment:	

Capacity Assessment: (all Boxes Must Be Ticked)

Over 18 years	<input type="checkbox"/>
Understand the information relevant to the decision	<input type="checkbox"/>
Retain that information	<input type="checkbox"/>
Use or weigh that information as part of the process of making the decision	<input type="checkbox"/>
Communicate his/her decision	<input type="checkbox"/>

Comments:

I understand the consequences of failing to follow the medical advice given above which might result in significant disability or even death. I understand I can change my mind anytime and return for treatment.

Signed:.....
Patients Signature

Signed:.....
Health Professional's Signature

Name:.....

Name:.....

Date:.....

Designation:.....

Ensure Full Documentation In The Patients Notes And File This With The A&E Record.

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Discharge Against Medical Advice

Based on Mental Health Act 1983, Mental Capacity Act 2005, & GMC: Good Medical Practice 2006

