



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

Form with fields: 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...
[ ] I have been given the opportunity to ask questions...
I understand:
[ ] The care options available...
[ ] I have the right to give or refuse consent...
[ ] I can revoke consent...
[ ] If care and accommodation is offered... it will become my (or the adult's) home.

Additional Comments:

Consent to the above-named care facility was:
[ ] provided in writing
[ ] inferred from conduct - describe:
[ ] provided orally

ADULT TO BE ADMITTED - WRITTEN CONSENT

[ ] I CONSENT to being admitted to the above-named care facility.
Signature of Adult to be Admitted, Print Name of Adult to be Admitted, Date Signed (YYYY / MM / DD)

OR: SUBSTITUTE DECISION MAKER - WRITTEN CONSENT

[ ] On behalf of the above-name adult, I CONSENT to the adult being admitted to the above-named care facility.
Signature of Substitute Decision Maker, Relationship to Adult, Print Substitute's Full Name, Date Signed (YYYY / MM / DD)

OR: MANAGER - CONSENT PROVIDED ORALLY OR INFERRED FROM CONDUCT

[ ] The above-named adult (or substitute decision maker on behalf of the adult) has CONSENTED to being admitted to the above-named care facility.
Signature of Manager, Date Signed (YYYY / MM / DD), Print Name of Manager, Organization/Health Authority, Name of Substitute Decision Maker, Relationship to Adult