

CARE FACILITY ADMISSION CONSENT – MULTIPLE FACILITIES

HLTH 3912 2021/06/30

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)					If substitute, relationship to the adult:	
O the adult to be admitted O the substitute (if adult is determined to be incapable through assessment)						
CONSENT OF ADULT OR SUBSTITUTE						
Adult or substitute providing consent to mark the approp			priate boxes: Additional Comments		ents	
I have been given information about these care facili that will be received, the services that will be availab in which I (or the adult) may leave.			ble and the circumstances			
	n given the opportunity to ask que s benefits and risks, and the option					
I understand:						
The care o	ptions available and possible outc	omes.				
I have the	right to give or refuse consent to a	dmissic	on to these care facilities.			
I can revoke consent to admission to these care facili			ities at any time.			
Consent to the above-named care facility was:						
provided in writing provided orally inferred from conduct - describe:						
Adult Substitu			tute Ma		Manager	
			n behalf of the above-named adult,		The above-named adult (or substitute on behalf	
			CONSENT to the adult being admitted to be care facilities listed below.		of the adult) has CONSENTED to being admitted to the care facilities listed below.	
PROPOSED ADMISSION						
Name of Care Facility			Address of Care Facility			
Adult	Signature		Print Name			
Substitute ¹	Substitute ¹		Date Signed (YYYY / MM / DD)			
○ Manager ²						
PROPOSED ADMISSION						
Name of Care Facility			Address of Care Facility			
Adult	Signature		Print Name			
Substitute ¹			Date Signed (YYYY / MM / DD)			
O Manager ²						
PROPOSED ADMISSION						
Name of Care Facility			Address of Care Facility			
Adult	Signature		Print Name			
Substitute ¹				Date Signed (YYYY / MM / DD)		
FORM COMPLETED BY						
Print Name			Position		Contact Number	

1. Substitute signs on behalf of an adult who has been assessed as incapable of giving or refusing consent to care facility admission.

2. Manager signs when and adult or substitute provides consent orally or consent is inferred from conduct.