



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 section for adult information including Last Name, First Name, Second Name(s), Personal Health Number (PHN), Birthdate, and Consent provided by (choose one).

CONSENT OF ADULT OR SUBSTITUTE

Form section for consent including checkboxes for information received, opportunity to ask questions, understanding of care options, and right to give or revoke consent.

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

Form section for consent types: Adult, Substitute, and Manager, each with a radio button and description.

PROPOSED ADMISSION

Form section for proposed admission 1, including Name of Care Facility, Address of Care Facility, and signature options.

PROPOSED ADMISSION

Form section for proposed admission 2, including Name of Care Facility, Address of Care Facility, and signature options.

PROPOSED ADMISSION

Form section for proposed admission 3, including Name of Care Facility, Address of Care Facility, and signature options.

FORM COMPLETED BY

Form section for form completion including Print Name, Position, and 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.