Sample form 5: Easy Read consent

# Easy Read consent

Use this form if you want to make an NHS complaint for someone else. That person has to give you permission to make the complaint for them. You should send a copy of this form with your complaint.

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| **Section A: About you** | | | | | |
| Me_man7.jpg | Your name | Click or tap here to enter text.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| E:\lores_images\House4.jpg | Your address | Click or tap here to enter text. | | | |
| Telephone2.jpg | Your telephone number | Click or tap here to enter text. | | | |
| E:\lores_images\Mobile_Phone.jpg | Your mobile telephone number | Click or tap here to enter text. | | | |
| **E:\lores_images\Email.jpg** | Your email address | Click or tap here to enter text. | | | |
| **Section B: About the patient** | | | | | |
| **E:\lores_images\Name2.jpg** | Name of patient | Click or tap here to enter text.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **E:\lores_images\Pregnant.jpg** | When was the patient born? | Day  E:\lores_images\Date1.jpg | Month  E:\lores_images\Months.jpg | Year  E:\lores_images\Years.jpg |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **E:\lores_images\House4.jpg** | Patient’s address (if this is a different address from yours) | Click or tap here to enter text. | | |
| **E:\lores_images\Support.jpg** | How does the patient know you? | Click or tap here to enter text. | | |

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| **Section C: – Consent** | | | | |
| Has the patient agreed to this complaint? | Yes | No | They have died | |
| **Tick your answer** |  |  |  | |
| **If the patient can agree to you making the complaint**, ask them to sign below. | | | |
| I am the patient  I agree that the person named in this form can make a complaint for me.    I agree they can see information about me. This includes my medical records and any other information that they need to make the complaint. | | | |
| Patient’s signature: Click or tap here to enter text. | | | |
| Date: | Day  E:\lores_images\Date1.jpg | Month  E:\lores_images\Months.jpg | Year  E:\lores_images\Years.jpg | |
|  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | |

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| **E:\lores_images\Clap-2.jpgIf the patient is younger than 16**, their parent or guardian must fill in this section. | | | | | |
| **E:\lores_images\Name.jpg** | My name is | Click or tap here to enter text. | | | |
| **E:\lores_images\Father_son.jpg** | I am | Click or tap here to enter text.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Relationship to the patient) | | | |
| E:\lores_images\Tick.jpg | I agree that | Click or tap here to enter text.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Name of person making the complaint) | | | |
| E:\lores_images\Tick.jpg | can make a complaint on behalf of | Click or tap here to enter text.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Name of patient) | | | |
| A picture containing sketch, graphics, font, letter  Description automatically generatedE:\lores_images\Tick.jpg | I agree that they can see any information that could help them make the complaint. This includes medical records. | | | | |
| http://2.bp.blogspot.com/-IBArBvpJaSU/TdpTdTpDY7I/AAAAAAAAAyk/g93VfoEhfVE/s200/signature.jpg | Your signature Click or tap here to enter text. | | | | |
| Today’s date: | | | Day  E:\lores_images\Date1.jpg | Month  E:\lores_images\Months.jpg | Year  E:\lores_images\Years.jpg | |
|  | | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | |

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| **E:\lores_images\Gravestone.jpgIf the patient has died**, their nearest family member or legal representative must fill in this section. | | | | |
| My name is |  | | | |
| I am | Click or tap here to enter text.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Patient’s nearest family member or legal representative) | | | |
| I agree that | Click or tap here to enter text.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Name of person making the complaint) | | | |
| can make a complaint on behalf of | Click or tap here to enter text.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Name of patient) | | | |
| I agree that they can see any information that could help them make the complaint. This includes medical records.  By law, I am allowed to give my permission. | | | | |
| Your signature  Click or tap here to enter text.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Today’s date: | | Day  E:\lores_images\Date1.jpg | Month  E:\lores_images\Months.jpg | Year  E:\lores_images\Years.jpg |
|  | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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| **If the patient cannot give their consent**, fill in this section.  You need to say why they are not able to agree to you making the complaint. | | | | |
| I am the patient’s representative. | | | | |
| Your signature  Click or tap here to enter text.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Today’s date: | Day  E:\lores_images\Date1.jpg | Month  E:\lores_images\Months.jpg | Year  E:\lores_images\Years.jpg |
|  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

The patient is not able to give their direct consent because… [complete below]

|  |
| --- |
| Click or tap here to enter text. |