CHI no .....

First name ..... DOB ..... /..... /.....

Last name ..... Sex: ☐ M ☐ F

Address .....

.....

.....

or attach addressograph label here

University Hospital:
☐ Hairmyres ☐ Monklands ☐ Wishaw
Other: .....
Ward/Area: .....

NHS Lanarkshire

Appendix 6 - Patient Consent to Unlicensed Medicine Use

I am aware that ..... (prescriber name) has recommended treatment with

..... (name of medicine).

It has been explained that this medicine is not licensed (tick as appropriate):

☐ for use in the UK ☐ for the condition I am being treated for
☐ at the dose prescribed ☐ in this age group

Alternative treatments have been discussed, the potential risks and benefits have been explained and I have been given information about this medicine.

I agree to this medicine being prescribed and understand I can withdraw my consent at any time.

☐ I am the patient

☐ I am the representative of ..... (name of patient)
Parent / guardian of child / welfare power of attorney / welfare guardian for AWI (delete as appropriate)

Patient/Representative Name .....

Patient/Representative Signature ..... Date ..... / ..... / .....

Prescriber Signature ..... Prescriber Name .....

Prescriber Job Title ..... Date ..... / ..... / .....

This patient is being treated under Section 47 of the Adults with Incapacity Act and has no welfare guardian or welfare power of attorney to consent on their behalf. A Section 47 certificate of incapacity has been completed.

Name ..... Job title .....

Signature .....

Name of Responsible Medical Officer .....

A copy of this form should be retained in the patients notes, a copy should be sent to the Patient's GP and if requested a copy should be given to pharmacy (hospital or community).

CAT130

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