The Pennine Acute Hospitals NHS
NHS Trust

Leaving Against Medical Advice Form

This form is designed to be used in conjunction with the "Guidelines On Patients Wishing To Leave Against Advice"

Name:	PAS Number:
Date Of Birth:	
Diagnosis:	
Treatment Required:	
Consequences Of Refusing Treatment:	

Capacity Assessment: (all Boxes Must Be Ticked)

Over 16 years	
Understand the information relevant to the decision	
Retain that information	
Use or weigh that information as part of the process of making the decision	
Communicate his/her decision	

Comments:

I understand the consequences of failing to follow the medical advice given above which might result in significant disability or even death. I understand I can change my mind anytime and return for treatment.

Signed:.....
Patients Signature

Signed:.....
Health Professional's Signature

Name:.....

Name:.....

Date:.....

Designation:.....

Ensure Full Documentation In The Patients Notes And File This With The A&E Record.