

# Request for consent to care

General information			
<b>Person concerned</b>			
Last name		First name	
Date of birth <small>yyyy-mm-dd</small>		No of the Curateur public's file (if known)	
<b>Person making the request</b>			
Last name		First name	
Function	Telephone	Ext.	Fax
Email			
Name of the institution			
Address <small>No, street, city</small>			Postal code
<b>Person to whom to return consent</b>			
Last name		First name	
Function	Telephone	Ext.	Fax
Email			
Name of the institution			
Address <small>No, street, city</small>			Postal code

## Request for consent to care

### Ability of the person concerned to consent to the proposed care

**Important** : Being represented does not prevent the person from consenting to getting care. The professional proposing the care must assess the person's ability to consent to the proposed care. If the person is able to do so, it is only that person who consents, not the Curateur public.

The person was assessed:

**able** to consent.

If the professional assesses the person as being able to consent, no request is needed. However, if the person is represented by the Curateur public, we wish to be informed about this. To do so, contact the Direction médicale et du consentement aux soins at 514 873-5228.

**unable** to consent.

Does the person have a guardian other than the Curateur public?

**Yes**. Ask for their consent. If you do not know the contact information for the guardian, contact the Curateur public at 514 873-4074 or 1 844 LECURATEUR (532-8728).

**No**. Please complete the following sections.

Last name of the physician who proposes the care

First name

Proposed care

### Exchange of information with the person who is unable to consent

The individual:

was informed in a manner consistent with their communication abilities.

Result of the exchange, including the wishes and preferences of the individual unable to consent:

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was not informed. Justification:

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### Exchange of information with a relative

A relative was informed.

Last name of the relative

First name

Relationship to the individual unable to consent

Result of the exchange, including the represented person's previously expressed wishes and preferences, if known.

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**Description clinique**

**Clinical description**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Advantages and disadvantages of the care (possible alternative treatment)**

\_\_\_\_\_  
\_\_\_\_\_

**Diagnosis and medical history**

\_\_\_\_\_  
\_\_\_\_\_

**General profile**

**Ability to express needs, judgment and cognition**

\_\_\_\_\_  
\_\_\_\_\_

**Mobility**

\_\_\_\_\_  
\_\_\_\_\_

**Continence**

\_\_\_\_\_  
\_\_\_\_\_

**Autonomy in eating, bathing and dressing**

\_\_\_\_\_  
\_\_\_\_\_

**Activities**

\_\_\_\_\_  
\_\_\_\_\_

**Collaborative care**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physician's signature and date