

AMBULATORY CARE CONSENT FORM

INITIALS

I acknowledge that I have been offered to have my stem cell transplant started as an outpatient.

I confirm that I have read and understood the Ambulatory Care Information Booklet. I have had time to think about the information and ask questions, and have had my questions answered satisfactorily.

I confirm that I have a working mobile phone and agree to be contactable at all times while receiving Ambulatory Care Treatment.

I confirm that I have a nominated carer who:

1. Will stay with me 24 hours a day during my Ambulatory Care treatment.
2. Speaks English fluently and has constant access to a working mobile phone.
3. Is happy for me to provide AC staff with their contact details.
4. Can drive and has a car to bring me to hospital for my daily review and out of hours

I agree to take my temperature with a thermometer as advised by AC staff and promptly report any fevers to Ward 4B.

I agree to take the medicines I have been provided as part of my transplant treatment.

I agree that either myself and / or my carer will inform ward 4B of any concerns about my condition immediately using the contact details provided to me.

I confirm that I am happy for AC staff to discuss my condition with my nominated carer if I am too unwell to contact Ward 4B myself

Name of Patient: _____

Nominated Carer: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

Name of person
Taking consent: _____

Position: _____

Signature: _____

Date: _____