

Early Intervention Service Consent Form

Record of Consent to use/share service user information		
Name:		
Address:		
Unique identifier eg. NHS/PiMS number		
Has the service user been provided with an information leaflet?	Yes (note date)	No (state reason)
Happy to share with family/partner/carers/ Representative NB If representative, please state whom, e.g. solicitor etc	Yes (note date)	No (for all, or list exceptions, where these apply)
Are there any restrictions on sharing of information?	Yes (list):	No
Are you happy to be contacted about research studies which you may wish to participate in?	Yes No	
Would you like to be copied into our correspondence with your GP?	Yes No	
Date form completed	Date:	By Whom:
Reviewed	Date:	By whom:
Reviewed	Date:	By whom:
Reviewed	Date:	By whom: