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|  | Reasonable Adjustment Consent Form |
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|  | I have read and I understand about having my needs written on the health computer. My needs are:  |
|  | Yes – [ ]  I would like a reasonable adjustment flag orNo– [ ]  I do not want a reasonable adjustment flag  |
|  | Name  |
|  | Date of birth |
|  | Post code |
|  | NHS number if known |
|  | Signed |
|  | Date |

|  |  |
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|  | Reasonable Adjustment Consent Form for someone that lacks capacity  |
|  |  |
|  | Best InterestHaving shared this information and made efforts to support the person to understand, you have determined that the person does not have the capacity to decide then a Best Interest **Decision can be made to create a Reasonable Adjustment Flag for them.** This decision can include the views of the people who know them best, as the clinician working with this person you are the decision maker and an MCA 1 form (care notes) must be completed and kept on their record. Please ensure that you fill out their details and sign, provide your details below:Client name: Date of birthPost codeNHS NumberName of Clinician: Role:Signature: Date: Names of others involved in the Best Interest Decision to create or amend the Reasonable Adjustment Flag:Name RoleName RoleName RoleName RolePlease indicate if any of the following roles apply where applicable Lasting power of attorney for health and welfare, Deputy, Parent, Legal Guardian, Independent Advocate |