

Giving Consent



The image shows a graphic of an NHS consent form. At the top is the NHS logo. Below it, the word 'Consent' is written in a large, bold, blue font. Underneath 'Consent' are two options: 'Yes' and 'No', each preceded by an empty square checkbox. A hand holding a black pen is shown on the right side of the form, with the pen tip positioned next to the 'No' checkbox. Below the checkboxes, there is a blue ink signature that reads 'J. Smith'.





This booklet uses easy words and pictures.

You might want to ask someone to help you read it.



Consent means to agree to something.

To give consent you must show that you understand the choices about your health treatment.

This is called **having capacity to consent**.

To show you have capacity to consent you need to be able to understand these things.



- Why you are having the treatment
- What might happen when you have the treatment
- What you need to do after you have the treatment
- You also need to be able to communicate your choice



You will be asked for your consent before you have any health treatment.



You can communicate your choice in different ways.

Make sure they know how you would like to communicate.



Some people might be frightened about having health treatment.

They might say no to having health treatment because they feel scared.

If there is a problem with your consent the health treatment may not happen.



Some people might need help to understand why it is important for them to have a health treatment.

They might need the health treatment to make them better.

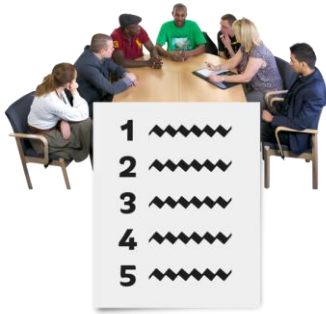
Consent needs to be given for each different health treatment.



Some people can consent to some health choices but not to others.

They might consent to an appointment to check something.

They might not consent to an operation.



Even with lots of help people sometimes cannot make a choice about a health treatment.

A choice will be made for them.

This is called **making a decision in the person's best interest**.



The health professional can decide whether it is in the person's best interest to have the treatment.

They do not make this decision on their own.



They will talk to the person's family and other people who know them to find out what they think.



People will think about how much the treatment could help.

They will also think about the risks of having the treatment.



They should make a **care plan** so the treatment causes as little worry and stress as possible.



They should make sure the person has the support they need to get better after the treatment.



In an emergency you may need treatment quickly. Health staff might not ask for your consent for treatment.



If you are very ill or badly hurt a paramedic or a doctor will treat you without needing to check your consent.



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