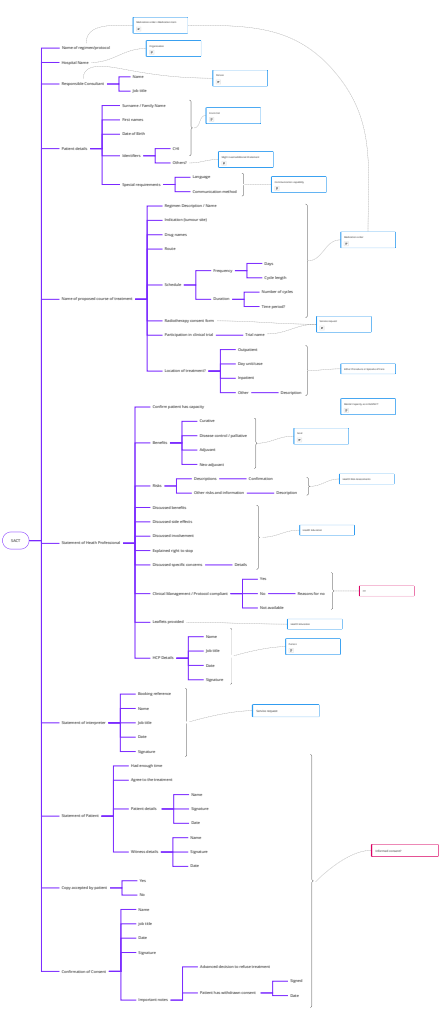
SACT
Name of regimen/protocol
Hospital Name
Responsible Consultant
Name
Job title
Patient details
Surname / Family Name
First names
Date of Birth
Identifiers
CHI
Others?
Special requirements
Language
Communication method
Name of proposed course of treatment
Regimen Description / Name
Indication (tumour site)
Drug names
Route
Schedule
Frequency
Days
Cycle length
Duration
Number of cycles
Time period?
Radiotherapy consent form
Participation in clinical trial
Trial name
Location of treatment?
Outpatient
Day unit/chair
Inpatient
Other
Description
Statement of Heath Professional
Confirm patient has capacity
Benefits
Curative
Disease control / palliative
Adjuvant
Neo adjuvant
Risks
Descriptions
Confirmation
Other risks and information
Description
Discussed benefits
Discussed side effects
Discussed involvement
Explained right to stop
Discussed specific concerns
Details
Clinical Management / Protocol compliant
Yes
No
Reasons for no
Not available
Leaflets provided
HCP Details
Name
Job title
Date
Signature
Statement of Interpreter
Booking reference
Name
Job title
Date
Signature
Statement of Patient
Had enough time
Agree to the treatment
Patient details
Name
Signature
Date
Witness details
Name
Signature
Date
Copy accepted by patient
Yes
No
Confirmation of Consent
Name
job title
Date
Signature
Important notes
Advanced decision to refuse treatment
Patient has solicitor/power consent
Signed
Date