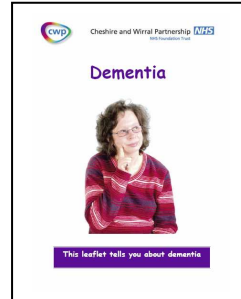




Taking tablets for dementia

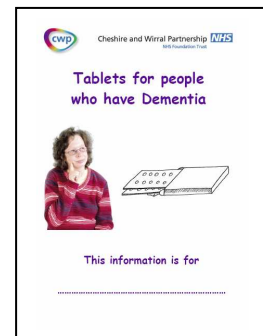
We have told you about dementia.



Dr ..... thinks that you have dementia.

We have told you about tablets for dementia.

We have told you what you need to know about taking tablets for dementia.



Dr ..... thinks that the tablets will help you.

This form has been explained to me and I am happy to take tablets for dementia.

Client Name:.....

Client Signature:.....

Date: .....

The reasons for prescribing dementia medication and the possible side effects have been explained to the client.

The leaflet 'Tablets for people who have Dementia' was given to the client.

Tick Box

The client has signed the form and I think that they understand the above.

The client has signed the form but I think they may have had some difficulty understanding the above.

The client has not signed the form

Reasons:

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

The client is unable to sign the form but it has been explained to their carer.  
(This is not to gain consent but to inform them of the process)

**If the client is unable to give consent**

On ..... I made the decision to prescribe anti – dementia medication in the best interest of the client.

Staff Signature: ..... Date: .....

**Actions for staff completing this form with the service user:**

- A copy of the front page of this form to be sent to the service user/carer.