Centre intégré
de santé
et de services sociaux
de la Montérégie-Ouest
Québec

Dossier : _____

Nom, Prénom : _____

Date de naissance : _____ ☐ F ☐ M
aaaa-mm-jj

NAM : _____ Exp. _____
aaaa-mm

Nom, Prénom de la mère : _____

Facility: _____

CONSENT TO A NEEDS ASSESSMENT
HOME CARE PROGRAM

I hereby authorize the home care program to perform a needs assessment for the purpose of opening this care and services episode.

I understand that, following this assessment, a personalized intervention plan will be proposed, based on the care and services available under the program.

I understand that the care and services will be adapted to my health condition and gradually modified or stopped following an assessment by the professionals involved in my case. Whenever a specific procedure is required, I will be asked for my (verbal) consent once the possible risks, benefits or side effects of the procedure have been explained to me.

_____ Date: _____
User's signature yyyy-mm-dd

_____ Date: _____
Authorized person's signature yyyy-mm-dd

Capacity: ☐ User ☐ Parent (child under age 14) ☐ Legal representative
☐ Spouse ☐ Significant person (relationship to user): _____

_____ Date: _____
Witness's signature yyyy-mm-dd