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

Facility : _____

File # : _____

Family name,first name : _____

Date of birth : _____ ☐ F ☐ M
YYYY-MM-DD

Health insurance # : _____ Exp. _____
YYYY-MM

Mother's name : _____

CONSENT TO THE APPLICATION OF RESTRAINT PROCEDURES

If Public Curator, use specific form https://www.curateur.gouv.qc.ca/cura/pdf/form_dem_consent_mesure.pdf

CONTEXT OF INTERVENTION

☐ Planned (not required in the context of unplanned intervention)
☐ Search for alternative procedures has been made

REASON FOR USE OF THE RESTRAINT PROCEDURE

Immediate risk of injury to: ☐ Patient ☐ Other
Description of behaviour: _____

TYPES OF RESTRAINT PROCEDURES

☐ 1. Siderails (2/2 ou 4/4)
☐ 2. Magnetic abdominal belt
☐ 3. Attachments to the ankles ☐ Right ☐ Left
☐ 4. Attachments to wrists ☐ Right ☐ Left
☐ 5. Buckled belt : _____
☐ 6. Pelvic belt
☐ 7. Fixed shelf
☐ 8. Restrictive clothing : _____
☐ 9. Others : _____
☐ 10. Isolation
☐ 11. Chemical substances : _____
☐ 12. Human : _____

APPLICATION OF THE RESTRAINT PROCEDURE

Place of application: ☐ In bed ☐ In chair: _____ ☐ Others : _____
Times of application: _____
Durations of application: _____

INFORMATION PROVIDED TO PATIENT OR LEGAL REPRESENTATIVE

☐ Objectives of application of restraint procedure
☐ Risks of application of restraint procedure
☐ Risks in the event of refusal of restraint procedure
☐ Care, intervention, monitoring and frequency of re-assessment of procedure
☐ Alternative procedures attempted
☐ Others : _____

CONSENT TO OR REFUSAL OF RESTRAINT PROCEDURE

I acknowledge that I have received the above information for the application of restraint procedures on me or the patient I represent. I understand the consequences of my choice and that it is intended solely for the purpose of serving my best interests or those of the patient I represent and for the shortest period of time. I understand that the interdisciplinary team is authorized to decide whether to introduce or withdraw the restraint procedure.

☐ **I consent** ☐ **I refuse**

- I have been informed that in the event of an emergency, restraint procedures may have to be applied.
- This consent is valid for ☐ the duration of the episode of short-term care, ☐ a period of _____ or ☐ maximum of one year or until I express my desire to withdraw this consent.

☐ Verbal consent
Date : yyyy/mm/dd
Name of representative : _____
Signature of professional and title : _____

☐ Written consent
Date : yyyy/mm/dd
Name of representative : _____
Signature of representative : _____
Signature of professional and title : _____