



DSR (Dynamic Support Register)

Consent Form for adults

Name: _____

D.O.B: _____

NHS number: _____

For persons who have capacity

I have seen information about and been able to talk through the function of the DSR.

I understand that I can withdraw consent at any time by informing the DSR team (personally or via the professional lead who is supporting me), who will then remove my details from the DSR.

I give consent to being included on the DSR

I understand that information will be shared with relevant services who could support me and will be discussed at DSR meetings to help plan my support.

Signed: _____

Name: _____

Date: _____

To confirm verbal consent;

Signed on behalf: _____

Name / Role: _____

Date: _____

Best interest decision:

Following a capacity assessment the person I am referring has been found not have capacity to give informed consent for inclusion on the DSR.

I have completed the referral for inclusion on the DSR following a formal best interest's decision.

Signed: _____

Name / Role: _____

Date: _____