


HITH Consent Form Sample:

 <p>Queensland Government</p> <p>Hospital in the Home (HITH)</p> <p>Consent to Transfer of Care</p>	(Affix identification label here)
	<p>URN:</p> <p>Family name: SAMPLE ONLY –</p> <p>Given name(s): NOT FOR USE</p> <p>Address:</p> <p>Date of birth: Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> I</p>

What is Hospital in the Home?	The Hospital in the Home service provides you with high-level care in your own home (or another selected location) so you don't have to stay in hospital. The service is organised for an agreed period of time to help you during your recovery. For the duration of your care you will remain a patient of the hospital.
What am I agreeing to?	<ul style="list-style-type: none"> • That Queensland Health staff will be providing treatment to you in the community setting. • That you understand that you are an inpatient of the hospital while you are under the care of the service. • That you have received education regarding and understand the following: <ul style="list-style-type: none"> ○ what health condition you have ○ your treatment plan ○ what to do if worried ○ how to get help ○ how to manage your medications ○ how to store hospital records • That your care will be handed over to your local Medical Practitioner after your treatment has been completed.
What do I need to do?	<ul style="list-style-type: none"> • Allow Queensland Health staff to provide care in your residence or other selected location as requested by the hospital. • Follow treatment as requested by the healthcare practitioners. • Ensure a guardian is available to be contacted about the treatment of minors and a responsible adult is present at all treatments. • Return to hospital if any of the following occur: <ul style="list-style-type: none"> ○ your condition deteriorates ○ your needs exceed what can be provided at home ○ you are unable to follow the suggested treatment plan. • Contact the service if you have concerns. • Contact the service if you are unavailable for the appointment time. • Attend review appointments as requested or planned by the team. • Take and store medications as prescribed and keep them out of the reach of children. • Nominate a medical practitioner to provide follow-up care post-discharge. • Ensure you have access to a phone that can dial out. • Provide a safe environment for the team to visit and notify the team if there is anything in or around your home that may harm them. • Maintain and return any equipment loaned to you by the service.

Patient / substitute decision maker:

Print name:	Relationship (if applicable):	Signature:	Date:
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Witness

Print name:	Signature:	Date:
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Clinician

Print name:	Designation:	Signature:	Date:	Time:
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CONSENT TO TRANSFER OF CARE TO HITH