

Name

DOB

NHS Number

Essex Partnership University Foundation NHS Partnership Trust
Trust Head Office
The Lodge
The Chase Wickford
Essex SS11 7XX

Ward Tel:

Date:

Chair: Professor Sheila Salmon
Chief Executive: Sally Morris

SELF DISCHARGE AGAINST MEDICAL ADVICE

I hereby give
notice that I am discharging *myself / my (*delete as appropriate)

..... *write relationship where necessary.

(Staff must ensure that if someone is discharging another individual they have parental responsibility for the child or they have Power of Attorney for health and welfare if the patient has no capacity. Also consider safeguarding in these circumstances).

against the advice of Doctor, who has
explained the possible medical consequences of my decision which are as follows:

- 1.....
- 2.....
- 3.....

(Continue on separate sheet if necessary)

I accept full responsibility for my actions and absolve Essex Partnership University NHS Foundation Trust and its employees from all liability should the above consequences materialise.

I have been provided details if required for contact in crisis. I have/have not (*delete as appropriate) been provided with medications at discharge.

Patient's / relative's signature Date

Address:

.....
.....

Witness: * write full name

I confirm that patient has mental capacity and I have explained to the patient the dangers that might arise out of *his/her decision to take *his/her own discharge.

* delete as appropriate

Date: Signed: (Medical / Practitioner)

Full name: (Medical / Practitioner)

1. Crisis contact details provided (* Yes / No) (* delete as appropriate)
2. Discharge medications * given / not given (* delete as appropriate)