Department of Clinical Psychology

Client Consent Form

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NHS Fife log onto
http://www.nhsfife.scot.nhs.uk
Client Consent Form

A) Consent to see Psychologist

Would you like to meet to talk about how you feel?

Yes No

B) Consent to contact others

I might need to share the things you tell me with other people who work with you.

This is to make sure you are getting the right help and support.

Name: ____________________________

CHI: ____________________________

Signature : ____________________________

Psychologist Signature: ____________________________

Date: ____________________________
D) Consent to use information for service development?

We might want to use your information to make our service better. Is this ok?

[Thumb up and thumb down options]

Yes      No

E) Do you want to ask any questions?

Write any questions here

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Would it be ok for me to talk to …

[Thumb up and thumb down options]

Yes      No

Would it be ok for me to write to …

[Thumb up and thumb down options]

Yes      No
C) Consent to use information for education and training.

I might want to share your information to help other people learn.

I might use …

• Talking

• Writing

• Showing Artwork

I would have to tell other people who work with you if I think you or someone else might get hurt.

Would it be ok to use our work to help other people learn?

Yes  No