

## Resident checklist and consent form for self-administration

<b>Name of care home</b>	
<b>Name of resident</b>	
<b>Date of birth</b>	

The self-administration process has been explained to me.	Yes		No	
I have read and understood the patient information leaflet on self-administration of medicines given to me.	Yes		No	
I have been given the opportunity to ask any questions I may have and I am satisfied with the answers I have received.	Yes		No	
I have been provided with a lockable cupboard or drawer to store my medication, and the key.	Yes		No	
I understand that this arrangement will be reviewed regularly to check whether I still wish to self-administer and whether I can continue to self-administer my medication safely.	Yes		No	
I understand that I can withdraw my consent at any time by informing a member of care staff.	Yes		No	
I consent to the disposal of my medicines by the care home staff as necessary.	Yes		No	

<b>I wish to self-administer my medication</b>	Yes		No	
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<b>Signature of resident</b>			
<b>Name of care home staff</b>		<b>Designation</b>	
<b>Signature of care home staff</b>		<b>Date</b>	