

Patient identifier detail/label
Name:
Date of Birth:
NHS Number:
Trust ID Number:
Male/Female:

**Consent form for  
radiological imaging**

**Sections 1,2 & 4 to be completed by the referring doctor**

**1. Details of proposed radiological investigations**

I have explained the procedure to the person with parental responsibility for the child, or accompanying member of staff if that individual is attending with the child, including

- When and where the examination will take place (if known)
- Who will be present and who will take the images
- Requirement for child to be kept still and possible methods
- Nature of images to be acquired, for example, head CT scan, X-ray images etc.
- Need for follow-up imaging
- Process and timescale for results
- Possible further radiological examinations etc.
- Provided the advice leaflet
- Additional information:

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The reasons for the radiological investigation(s)

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Any risks associated with the investigation(s)

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Signature of referring doctor: ..... Date:.....

Name (print) ..... Job Title: .....

**2. Where applicable:**

Details of any court order supporting this examination, for example Emergency Protection Order or equivalent

- Court Order number .....
- Additional information, for example, date of expiry:  
.....

**3. To be completed by the interpreter (if present):**

I have, to the best of my ability, accurately communicated the information provided by the doctor to the person with parental responsibility and relayed any queries back to the doctor

Signed: ..... Date: .....

Name (print): .....

**4. Special requirements**

The communication and access needs of the person with parental responsibility have been met, for example, language interpretation, sign language, access needs etc. (Circle which is appropriate).

- No specific needs identified
- Yes

If yes please state what was provided:

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**5. To be completed by the person with parental responsibility:**

- I confirm that I have legal responsibility for this child.
- I agree to the radiological investigation(s) as described on this form being performed on my child
- I confirm I have had the opportunity to have any questions about the procedure answered.
- Should sedation or general anaesthetic be required I understand that I have the opportunity to discuss the details with the paediatrician or anaesthetist. I understand an additional consent form will be required.

Signature: ..... Date: .....

Name (print): .....

Relationship to child: .....

Section 6 and 7 to be completed by lead radiographer on admitting child to imaging room for procedure

**6. Confirmation of agreement**

I have;

- Confirmed the identity of the child with the person with parental responsibility
- Checked that they have no further questions.
- Checked prior documentation of consent
- Ensured that they give permission for the radiological examination(s) including any required immobilisation to go ahead

Signed: ..... Date: .....

Name (print): ..... Job Title: .....

**7. If the person with parental responsibility withdraws consent at any time during procedure, signature is required below, along with the reason for withdrawal**

Reason:

.....  
.....

Signed: (person with parental responsibility):

.....

Date: ..... Time: .....

Signed: (Radiographer):

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Date: ..... Time: .....