

## Department of Diagnostic Radiology

### Carers and Comforters Consent Form

Only to be completed by the dedicated Carer or Comforter of the patient having the Nuclear Medicine test, if the patient does not require a Carer please disregard this form.

Please circle

1. I have read and understood the information that was sent to me regarding radiation safety as a Carer or Comforter.      Correct      Incorrect

2. I can confirm I am not pregnant and that there is no possibility I could be pregnant.      Correct      Incorrect

3. I consent to continuing to act as a Carer or Comforter for the named patient after they have had the Nuclear Medicine procedure, and will comply with the advice given to me.      Correct      Incorrect

Name of patient:

.....

Name of Carer or Comforter:

.....

Signature Carer or Comforter:

.....

Date: .....



## Contact Us

Please refer to the appointment letter. If you require the information in paper format please contact the Radiology Department on the number provided on the letter.

## How to provide feedback

Our aim is to provide a quality of care we would want for ourselves, our families and friends. If there was anything that we could have done please let us know via the department/ward staff or the patient experience team available on 01432 372986 or email [PALs@wvt.nhs.uk](mailto:PALs@wvt.nhs.uk) (opening times may vary).

This leaflet is available in large print, Braille, Audio tape or other languages upon request. Please contact patient experience team on the above telephone number.

You may be asked to give your opinion on the service you have received. We welcome your feedback as this will help us to improve the care and treatment we provide to our patients.

[Wye Valley NHS Trust website](#)

Telephone 01432 355444