

Consent for Deactivation of Implanted Cardioverter Defibrillator

Patient ID label or Name Chi Address GP	Patient's location Ward: Home: Yes/No Other (specify):	Reason for deactivation request:	Date and time of request:
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Type of Device..... Date Implanted.....

I confirm that the following has been discussed with the patient/or representative

- Turning off device will not cause death
- The device will no longer provide treatment for VT or VF
- Deactivation is painless

Signature of authorising health care professional: _____ Date: _____

 Print Name: _____

Authorisation/Consent

I understand the reasons for deactivating my ICD and that the decision to de-activate can be reviewed if necessary. I agree to the de-activation of my ICD.

Signature of patient: Date:

Print name:.....

Does Patient have capacity Yes No

Discussion taken place with next of kin / relative / carer / friend / other (circle as appropriate):

Name/s.....
 Name/s.....

Date and time of Deactivation
dd/mm/yyyy
hh:mm

Signature of x2 Cardiac Physiologist Deactivating Device:

 Print names:

Please file a copy in patients case notes and device notes.