



**Nene Clinical Commissioning Group**



I have been given information about the Care and Treatment Review register



I consent to having my details put on the Care and Treatment Review register



I understand that the support I need will be discussed at the Care and Treatment Review meeting so that health and social care can work together to try to help me. I will be told what was said and what ideas they offered.



If my behaviour causes a risk to me or others I may need to go to hospital to get better. Before this happens my details will be passed to managers who buy support services. They will talk to me, my family and others who support me to try to find other ways of keeping me safe whilst I get better at

Name .....

..... Date .....

Signature .....