



Patient /Client Label

Patient Consent for Implantable Cardioverter Defibrillator (ICD) Deactivation

Section 1: Provider

I have reviewed the following with patient/Substitute Decision Maker (SDM) prior to deactivation:

- Turning off the ICD will not cause death
- In the event of a dangerous rapid heart rate turning off the ICD will no longer provide a potentially lifesaving therapy such as electric shock and anti-tachycardia pacing
- Turning off the device will not be painful, nor will its failure to function cause pain
- Turing off the ICD lifesaving therapy function does not turn off the pacemaker function
- Patient can change their mind and have the ICD lifesaving therapy turned back on
- Shocks at end of life can cause a painful death
- There is a plan of care to ensure healthcare professionals contact information is available to the patient if they have new questions or concerns

Provider name:	Signature	Date (dd/mm/yyyy)	
Section 2: Patient / SDM Consent			
consequences by provider Im request the ICD's lifesaving thearpy to	agree plantable Cardioverter Defi		py of (pts name)
Signed by: (patient / SDM)		Date (dd/mm/yyyy)	
Section 3: Telephone Consent (if app	licable)		
I have discussed the points in section 1 and expected effects of ICD deactivation with (print name), who is the patient's (state relationship) and who has given verbal consent as substitute decision maker.			
Provider's name:	Signature	Date (dd/mm/yyyy)	
Note: Where possible, at the earlist opportunity, the person who granted consent over the phone should sign Section 2 of this form			
Section 4: Interpreter Declaration (if applicable)			
I have accurately translated this docu understands the explanation and cons		er for the (circle: patient/ SDM) who	told me that he/she
Interpreter name (print)	Signature	Date (dd/mm/yyyy)	