



HOME CARE NURSING SERVICES CONSENT FORM

CURA DOMESTICA (A Unit of Sharon Medical Centre)

(SUBJECT TO DELHI JURISDICTION ONLY)

Organization: CURA DOMESTICA
Contact Nos: 9311052117 / 011-41551411

Reg. No /DMC 33050
sharonmedicalcentre
@gmail.com

1. PATIENT & CLIENT IDENTIFICATION

Patient Name: Age / Sex:
Aadhaar / Govt ID: Phone No:
Service Address:
Client / Guardian: Relationship:

2. PATIENT MEDICAL CONDITION & CARE REQUIREMENTS

Primary Medical Condition:

Treating Doctor / Hospital:

Clinical Procedures / Nursing Care Required:

- ☐ Tracheostomy / Ventilator ☐ Ryle's Tube / Feeding ☐ Urinary Catheter Care ☐ IV / IM Injections
☐ Oxygen Support ☐ Wound Dressing / Bedsores ☐ Chemoport Needle Insertion
☐ Bedside Enema ☐ PICC Line Dressings ☐ Stoma Care

Patient High-Risk Indicators:

- ☐ Elderly ☐ Pregnant ☐ Neonates & Children (<12 Years) ☐ Visually Impaired
☐ Chronic Illnesses ☐ High Fall Risk ☐ Dementia / Alzheimer's
☐ Infectious Disease (TB/Hepatitis/HIV) ☐ Known Allergies

3. STAFF DEPLOYMENT & VERIFICATION

Assigned Nurse / Staff: Staff ID / Govt ID:

Designation: ☐ Registered Nurse (RN) ☐ Medical Attendant
Shift Timing: ☐ 6 Hrs ☐ 9 Hrs
☐ 12 Hrs ☐ 24 Hrs

- Background Checks: The Organization ensures verification of credentials and background history of all deployed staff.
- Staff Replacement: If the assigned nurse is absent, the Organization will provide a suitable replacement within 24 to 48 hours.

4. SCOPE OF CARE, MEDICAL DIRECTIVES & DOCTOR VISITS

- **Non-Equivalence to Hospital Care:** Home care services are intended solely for supportive/domiciliary care and are NOT an alternative to hospital care. Under no circumstances shall home care services be equated to full-fledged hospital care.
- **Periodic Doctor Visits & Authority:** Periodic doctor visits may be solicited by the nursing staff at their sole discretion in the best interest and well-being of the patient. Such medical evaluations shall in no way be questioned, demeaned, or nullified by the patient or their representative clients.
- **Doctor Visit Charges:** Charges for doctor visits will be conveyed on a case-to-case basis and require mandatory advance payment.
- **Medical Discretion for Referral / Transfer:** The sole discretion and professional assessment rest with the visiting/supervising doctor to decide whether to continue domiciliary home care or to transfer/refer the patient to a higher Health Care Facility (HCF).
- **Doctor's Prescription Mandatory:** Clinical tasks, procedures, and medication administration strictly require written directives from a qualified Registered Medical Practitioner (RMP).

5. SAFETY, SECURITY & CONDUCT RULES

- **Protection of Valuables:** The Client must keep cash, jewelry, and valuables locked. The Organization and staff bear no liability for unsecured items.
- **No Direct Cash Handling:** Deployed staff are strictly forbidden from accepting personal loans, tips, or direct payments. All official service fees must be paid directly to Cura Domestica / Sharon Medical Centre.
- **Safe Environment:** The Client shall provide a safe, respectful, and dignified work environment along with basic amenities (and meals for 24-hour staff).

6. EMERGENCY PROTOCOL & LIABILITY TERMS

- **Emergency Transport:** In case of sudden deterioration, staff will immediately notify family contacts and call for emergency ambulance transport. Hospital admission and all related expenses remain the Client's sole responsibility.
- **Limitation of Liability:** The Organization and its staff shall not be held legally liable for natural disease progression, sudden cardiac events, or emergencies when established nursing protocols were followed.

7. SERVICE FEES & PAYMENT TERMS

Agreed Charges (₹): / Payment Cycle:
shift / month (Advance / Weekly)

- **Notice for Cancellation:** Either party can terminate services by providing 24 to 48 hours written notice.

8. GOVERNING LAW & EXCLUSIVE JURISDICTION NOTICE:

This Agreement and all home care services provided hereunder shall be governed strictly by the laws of India. It is explicitly agreed between both parties that any legal dispute, claim, breach, or proceeding arising out of or related to this consent form or nursing services shall be subject to the EXCLUSIVE JURISDICTION OF THE COURTS AT DELHI / NEW DELHI ONLY.

9. PATIENT / CLIENT CONSENT & DECLARATION

DECLARATION: I have read, understood, and agreed to all the terms, conditions, and jurisdiction statements mentioned above. I voluntarily give my full consent for home care nursing services for myself / my patient.

CLIENT / PATIENT / LEGAL GUARDIAN	AUTHORIZED REPRESENTATIVE (CURA DOMESTICA)
Full Name: _____	Full Name: _____
Signature: _____	Signature: _____
Date: ____ / ____ / 202__ Time: ____:____	Date: ____ / ____ / 202__ Stamp: _____

www.sharonmedicalcentre.com

