

Consent Form 3

Patient/parental agreement to investigation or treatment

(Procedures where consciousness not impaired and no tissue samples or photographs are to be taken)

<p>For staff use only:</p> <p>Surname: First names: Date of birth: Hospital no: Male/Female: (Use hospital identification label)</p>

Responsible health professional/job title

- Special requirements.....
 (For example other language/other communication method)

Name of proposed procedure or course of treatment

(include brief explanation if medical term not clear) **Side (left/right)**.....

Statement of health professional

(To be filled in by a health professional with an **appropriate knowledge of the proposed procedure**, as specified in the Hospital's consent policy)

I have explained the procedure to the patient. In particular, I have explained:

- The intended benefits of the procedure
- Any serious or frequently occurring risks from the procedures including those specific to the patient

I have discussed what the treatment / procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

- The following information leaflet has been provided:
 Version/Date/Ref:

Health professional's signature Date:

Name (PRINT): Job title:

Contact details (if patient wishes to discuss details later)

- I have offered the patient information about the procedure but s/he has declined information.

Statement of the interpreter (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe s/he can understand:

Interpreter's signature..... Date:

Name (PRINT):

Important notes: (tick if applicable)

- The patient has withdrawn consent (ask patient to sign/date here)
- See also advance directive/living will (eg Jehovah's Witness form)

Copy accepted by patient: yes / no (please circle)

Statement of patient/person with parental responsibility for patient

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and I have read and understood the above and agree to the procedure (or course of treatment) on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person undertaking the procedure will, however, have appropriate experience.

I understand that the procedure will/will not involve local anaesthesia.

Patient's signature: Date:

Name (PRINT):.....

If the patient is unable to sign but has indicated his/her consent, a witness should sign below. Young people may also like a parent to sign here (see guidance notes).

Witness' signature: Date:

Name (PRINT):

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signature Date:

Name (PRINT):Job Title: