

Consent Form 5

Consent to investigation or treatment by patient who refuses to have a blood transfusion

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

Responsible health professional/job title

.....

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

Addendum to patient / parental agreement to investigation or treatment. (Must be filled in and attached to consent form).

I of

.....

hereby give my consent to the performance upon me of the operation/procedure of

.....

The nature and purpose of which have been explained to me by Dr/Mr and to the administration of general, local or other anaesthetic. I also give my consent to the performance upon me of any other operative procedure which in the opinion of the surgeon it may be necessary to perform upon me, without having obtained my express consent, during or by reason of the said operation/procedure or anything connected with it; except that, although it has been explained to me that in the course of or by reason of the said operation/procedure it may be necessary to give me a blood transfusion (red cells, white cells, plasma or platelets) so as to render the operation/procedure successful, or to prevent injury to my health, or even to preserve my life, I hereby expressly withhold my consent to and forbid the administration to me of a blood transfusion in any circumstances or for any reason whatsoever and I accordingly absolve the surgeon, the hospital and every member of the medical staff concerned from all responsibility, and from any liability to me, or to my estate, or to my dependants, for any damage or injury which may be caused to me, or to my estate or to my dependants, in any way arising out of or connected with this my refusal to consent to any such blood transfusion.

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

Date **Signed**
(patient)

Witness to Patient's Signature
(Health Professional)

.....
(Witness present at interview)

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