Patient Consent to Treatment or Investigation - Adult or Mature Minor

Treatment / Procedure / Investigation - noting correct side/correct site

This procedure requires: [ ] General and/or Regional Anaesthesia [ ] Local Anaesthesia [ ] Sedation
An Anaesthetist will explain the risk of general or regional anaesthesia to you.

Signature of doctor / health professional who has determined the consent process has occurred

Risks and benefits have been discussed with the patient and relevant consent discussions are to be documented in the medical record. Specific risks particular to this patient are:

bleeding, infection, perforation

Full name: [Redacted]
Signature: [Redacted]
Date: 16/2/19

Patient's declaration

- I have been given written information about the procedure/treatment.
- I understand that the doctor/health professional may not perform the procedure himself/herself.
- I have been informed of the risks that are specific to me, benefits, alternatives (including if I choose not to have the procedure/treatment) and the likely outcomes.
- I have been given the opportunity to ask questions about this procedure and my specific queries and concerns have been answered.
- I understand that if immediate life-threatening events happen during the procedure, I will be treated accordingly.
- I understand that I have the right to change my mind at any time before the procedure is undertaken, including after I have signed this form. I understand that I must inform my doctor if this occurs.
- If a staff member is exposed to my blood, I consent to my blood being collected and tested for infectious diseases. I will be informed if this occurs and will be given results of the tests.
- I consent to a blood transfusion, if needed [ ] Yes [ ] No (please tick). The risks have been explained to me. Note: If a blood transfusion is anticipated, please complete the Consent to Blood Products Form MR30G.
- I consent to undergo the procedure/s or treatment/s as documented on this form.

Patient's Full name: [Redacted]
Patient's signature: [Redacted]
Date/Time: 16/2/19

Interpreter's declaration

Specific language requirements (if any)
I declare that I have interpreted the dialogue between the patient and health professional to the best of my ability and have advised the health professional of any concerns about my performance.

Interpreter’s Full name: [Redacted]
Agency name: [Redacted]
Interpreter’s signature: [Redacted]
Date/Time: 16/2/19

Review of consent (if applicable)
I confirm that the patient's consent, personal circumstances and clinical condition has been reviewed and the treatment/procedure is still to be undertaken.

Full name (doctor/health professional): [Redacted]
Signature: [Redacted]
Date: [Redacted]

[Redacted]
I confirm that the request and consent for the operation/procedure/treatment above remains current.

Signature: [Redacted]
Date: [Redacted]
(consenting person)
Hospital / Health Service

Patient Consent to Treatment or Investigation - Adult or Mature Minor

WARD: ____________________

DOCTOR: ____________________

SURNAME: ____________________

GIVEN NAMES: ____________________

ADDRESS: ____________________

POSTCODE: ____________________

TELEPHONE: ____________________

Please use I.D. label or block print

Treatment / Procedure / Investigation - noting correct side/correct site

[Blank]

An Anaesthetist will explain the risk of general or regional anaesthesia to you.

Signature of doctor / health professional who has determined the consent process has occurred

Risks and benefits have been discussed with the patient and relevant consent discussions are to be documented in the medical record. Specific risks particular to this patient are:

[Blank]

Full name: ____________________

Position/Title: ____________________

Date: ____________________

Signature: ____________________

Patient's declaration

- I have been given written information about the procedure/treatment.
- I understand that the doctor/health professional may not perform the procedure him/herself.
- I have been informed of the risks that are specific to me, benefits, alternatives (including if I choose not to have the procedure/treatment) and the likely outcomes.
- I have been given the opportunity to ask questions about this procedure and my specific queries and concerns have been answered.
- I understand that if immediate life-threatening events happen during the procedure, I will be treated accordingly.
- I understand that I have the right to change my mind at any time before the procedure is undertaken, including after I have signed this form. I understand that I must inform my doctor if this occurs.
- If a staff member is exposed to my blood, I consent to my blood being collected and tested for infectious diseases. I will be informed if this occurs and will be given results of the tests.
- I consent to a blood transfusion, if needed [ ] Yes [ ] No (please tick). The risks have been explained to me.

Note: If a blood transfusion is anticipated, please complete the Consent to Blood Products Form MR30G.

Patient's Full name: ____________________

Patient's signature: ____________________

Interpreter's declaration

[Blank]

Specific language requirements (if any)

I declare that I have interpreted the dialogue between the patient and health professional to the best of my ability, and have advised the health professional of any concerns about my performance.

Interpreter's Full name: ____________________

Date/Time: ____________________

Agency name: ____________________

Interpreter's signature: ____________________

Date/Time: ____________________

Review of consent (if applicable)

I confirm that the patient's consent, personal circumstances and clinical condition has been reviewed and the treatment/procedure is still to be undertaken.

Full name (doctor/health professional): ____________________

Position/Title: ____________________

Signature: ____________________

Date: ____________________

I confirm that the request and consent for the operation/procedure/treatment above remains current.

Signature: ____________________

(consenting person)