

Patient Label Here



Patient Procedural Consent Form

Planned Procedure:.....

Date of Procedure:/...../.....

I..... accept the advice of Dr

and agree that I have received a reasonable explanation of the intent, alternatives, risks and likely outcomes of the above procedure and request that this be carried out on myself with my consent.

Patient / Representative Signature Date/...../.....

Doctor's Statement:

I certify that I have explained to the patient the implications of the above procedure

Signature of Doctor Date/...../.....

Patient Consent for Blood Products

I have received information and understand the explanation given regarding blood products. I consent to / I do not consent to (PLEASE CIRCLE) the administration of all necessary blood products.

In the unlikely event of a reaction to blood component/product, I consent to any treatment measures deemed necessary.

Patient / Representative Signature Date/...../.....

Doctor's Statement:

I certify that I have explained to the patient the implications of the above.

Signature of Doctor Date/...../.....

Note: If some/all blood products are refused, please refer to and complete Form G3825HWF

Anaesthesia Consent Form

(Continue where applicable)

Anaesthesia

I am satisfied that I have had adequate information concerning anaesthesia/sedation and request the provision of an anaesthetic/sedation for my operation, and I give consent to its administration.

Discussion: general local sedation (Please Circle)

The implications and possible risks of an anaesthetic because of my history, condition and the proposed surgery have been explained to me. I agree to receiving this anaesthetic.

I acknowledge that for 24 hours after the operation having had a general anaesthetic or 16 hours following a narcotic or sedative agent administered I should not:

- Drive a motor vehicle, nor operate machinery or potentially dangerous appliances
- Drink alcoholic beverages
- Make important decisions
- Be alone without a responsible adult

Signed:
DOCTOR/NURSE

Date:

Signed:
PATIENT/REPRESENTATIVE

Date:

Anaesthetist: _____

Comments: _____

