



Unit Record Number:

Surname:

Given Name:

D.O.B: Age: Sex:

Address:

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PATIENT CONSENT

I, have been advised of the need for following procedure,

being performed on myself or

1. I consent to the procedure as described to me being performed;
2. I understand the nature of the proposed procedure;
3. I understand the material risks and complications associated with the proposed procedure;
4. I understand an anaesthetic, medicines or blood and blood products may be needed and that all of these involve some risk;
5. I understand that additional procedures may be needed if something unexpected happens;
6. I understand that health information relevant to the proposed procedure will be provided to Jessie McPherson Private Hospital so the necessary treatment is received. Jessie McPherson Private Hospital will also be advised about the contact details of the patient's general practitioner who may also be provided with relevant information about my condition and the proposed procedure.

Additional information relevant to consent (optional):

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Patient/Representative: Signature: Date: / /

Relationship to patient:
(if applicable)

CLINICIAN

| | | |
|---|-------------------------------------|---------------------------------|
| Name (PLEASE PRINT): | | Signature: <input type="text"/> |
| Discipline: | Designation | |
| <input type="checkbox"/> Surgical | <input type="checkbox"/> Consultant | |
| <input type="checkbox"/> Anaesthetics | <input type="checkbox"/> Registrar | |
| <input type="checkbox"/> Medicine (Adult/Paeds) | | |
| <input type="checkbox"/> Other | | Date: / / |

Written information about procedure given to patient Yes No

Treating Unit:

Interpreter required Yes No If yes, language

Interpreter used Yes No Not applicable

If required but not used reasons for not using

Name of interpreter Signature

