

CONSENT FORM



Patient's Surname

Other Names

Date of Birth

Sex: (please tick) Male Female

Unit Number

DOCTORS OR DENTISTS *(This part to be completed by doctor or dentist. See notes on the reverse)*

TYPE OF OPERATION, INVESTIGATION OR TREATMENT:-

.....

I confirm that I have explained the operation, investigation or treatment, and such appropriate options as are available and the type of anaesthetic, if any (general/regional/sedation) proposed, to the patient in terms which in my judgement are suited to the understanding of the patient and/or to one of the parents or guardians of the patient.

Signature.....Date

Name of doctor or dentist

PATIENT/PARENT/GUARDIAN

1. Please read this form and the notes overleaf very carefully.

2. If there is anything that you don't understand about the explanation, or if you want more information, you should ask the doctor or dentist.

3. Please check that all the information on the form is correct. If it is, and you understand the explanation, then sign the form.

I am the patient/parent/guardian *(delete as necessary)*

I agree to what is proposed which has been explained to me by the doctor/dentist named on this form.

to the use of the type of anaesthetic that I have been told about.

I understand that the procedure may not be done by the doctor/dentist who has been treating me so far.

that any procedure in addition to the investigation or treatment described on this form will only be carried out if it is necessary and in my best interests and can be justified for medical reasons.

I have told the doctor or dentist about any additional procedures I would not wish to be carried out straightaway without my having the opportunity to consider them first.

Signature

Name

Address

(if not the patient).....

.....

NOTES TO:**Doctors, Dentists**

A patient has a legal right to grant or withhold consent prior to examination or treatment. Patients should be given sufficient information, in a way they can understand, about the proposed treatment and the possible alternatives. Patients must be allowed to decide whether they will agree to the treatment and they may refuse or withdraw consent to treatment at any time. The patient's consent to treatment should be recorded on this form (further guidance is given in HC(90)22 (A Guide to Consent for Examination or Treatment)).

Patients

- The doctor or dentist is here to help you. He or she will explain the proposed treatment and what the alternatives are. You can ask any questions and seek further information. You can refuse the treatment.
- You may ask for a relative, or friend, or a nurse to be present.
- Training health professionals is essential to the continuation of the health service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor or dentist. You may refuse any involvement in a training programme without this adversely affecting your care and treatment.