

Consent Form 1

Investigation or Treatment (or pre-printed label)

NHS N: [redacted]
 D.o.B.: [redacted]
 Ward: [redacted]
 Cons: [redacted]
 Hospital No: [redacted]
 NHS number (or other identifier): [redacted]
 Male Female

— Patient's first names: [redacted]
 — Responsible health professional: *Carly*
 — Job title: *Carly*
 — Special requirements (eg other language/other communication method):

Name of proposed procedure or course treatment (include brief explanation if medical term not clear)
Laparoscopy + proceed + bowel resection + some

Statement of health professional (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient. In particular, I have explained:
 The intended benefits: *relief*

Serious or frequently occurring risks: *injury to organs, bleeding, bowel leak, anaesthetic leak, need for further surgery.*

Any extra procedures which may become necessary during the procedure
 blood transfusion
 other procedure (please specify):

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

The following leaflet/tape has been provided

This procedure will involve:
 general and/or regional anaesthesia local anaesthesia sedation

Signed: [redacted] Date: *2/3/18*
 Name (PRINT): [redacted] Job title: *Carly*

Contact details (if patient wishes to discuss options later)

Statement of interpreter (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe she/he can understand.

Signed: _____ Date: _____
 Name (PRINT): _____

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

YELLOW COPY: CASE NOTES WHITE COPY: PATIENT

Statement of patient

Patient identifier/label

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy of page 2, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form.

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

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I understand that some fragments may be used for teaching purposes and quality control within the Pathology Department once investigations have been completed. Such fragments will be anonymised, so they cannot be traced to me.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures, which I do not wish to be carried out without further discussion.

Patient's signature: [redacted] Date: *2/3/18*

Name (PRINT): _____

A witness should sign below if the patient is unable to sign but has indicated his or her consent. Young people/children may also like a parent to sign here (see notes).

Signature: _____ Date: _____

Name (PRINT): _____

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that she/he has no further questions and wishes the procedure to go ahead.

Site marked by Consenting health professional: Yes No N/A

Signature: _____ Date: _____

Name (PRINT): _____ Job title: _____

Important notes: (tick if applicable)

- See also advance directive/living will (e.g. Jehovah's Witness form)
- Patient has withdrawn consent (ask patient to sign/date here)