Singapore General Hospital
SingHealth

ORIGINAL

GENERAL CONSENT FORM

NAME: [redacted] NRIC: [redacted]

BIRTH DATE: [redacted] AGE: 42y

HEIGHT: 170 cm WEIGHT: 91.9 kg SEX: Male RACE: Others

BSA: 2.08 BMI: 31.8 ACCOUNT NO: [redacted]

ADDRESS: [redacted]

DRUG ALLERGIES: **No Known Allergies**

PATIENT CONSENT

General Consent For Admission (Inpatient/Day Surgery)

I agree to undergo medical treatment, x-ray examinations, laboratory procedures, diagnostic tests, injections or other services under instructions of physicians in connection with my medical care at Singapore General Hospital (SGH) / National Heart Centre Singapore (NHCS) / National Cancer Centre Singapore (NCCS) / Singapore National Eye Center (SNEC). I understand that my specific consent will be obtained for any surgery or other invasive procedures and their related protocol. My consent will also need to be obtained for participation in any research.
I understand that the hospital / centre is a teaching institution and that junior doctors, fellows, medical / nursing / allied health students may participate in my care. I understand that I will be looked after by a healthcare team who will have access to my medical information including information available through the Electronic Medical Records System.

[redacted] SELF 25 Jun 2018

Patient / ~~Parent~~ / ~~Legal Guardian~~'s Name and Signature — Relationship to Patient — Date

[redacted] 25 Jun 2018

Admitting Personnel's Name and Signature — Date

NA NA

Translated by Staff Name and Signature+ — Language Spoken+

+ To fill only when applicable

Location: SGH - SGH-SOC Clinic H [redacted]

Ordered On: [redacted]

3008-18-080-C