

FORM 1 - CONSENT FOR EXAMINATION, TREATMENT OR CARE

Personal details (or pre-printed label)

Surname/family name
 First names
 Date of Birth
☐ Male ☐ Female H+C I
 Special requirements (language or other)

Statement of healthcare professional

Responsible healthcare professional Job Title
 Name of proposed procedure or course of treatment (include side of body or site and brief explanation if medical term not clear)

Salvage coronary bypass graft

I have explained the procedure. In particular, I have explained:

life saving

The intended benefits

life saving

Serious or frequently occurring risks

stroke, 30%, stroke, 12%

Possible additional procedures which may become necessary during the procedure

☒ Blood transfusion ☐ other procedure (please specify) *angiogram, stent*

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

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment), any samples of tissue that may be taken and any particular concerns of this individual.

☐ The following leaflet/tape has been provided.

Signed Date *16/9/10*

Name (Print) Job Title *gn*

Contact details (if patient wishes to discuss options later)

Statement of person giving consent

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy 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 the 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 have been told about possible 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.

*I agree that healthcare students, who will be supervised by healthcare professionals, may observe or assist in my care. * You may remove this sentence without affecting your care.

Signature Date

Name (Print)

A witness should sign below if the person 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)