



Patient Name _____

Date of Birth _____

Male Female

Special requirements (e.g. other language) _____

Lead Health professional _____

Name of proposed procedure _____

Statement of health professional I have explained the procedure to the patient. In particular I have explained:

The intended benefits _____

Serious or frequently occurring risks _____

Any extra procedures which may become necessary during the procedure:

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.

Type of Anaesthesia:

I agree to the procedure described on this form

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 _____ Date _____

Name (print) _____

A witness should sign below if the patient is unable to sign but has indicated consent. Young people / children may also like a parent to sign here.

Signature _____ Date _____

Name (print) _____

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

Signed _____ Date _____

Name (print) _____ Job title _____