

Peninsula Health

Doctor to Complete
CONSENT FORM
- OPERATION / PROCEDURE
(Refer to PH Policy 6.1.3)

UR NUMBER.....

SURNAME.....

GIVEN NAMES.....

DATE OF BIRTH
Please fill in if no Patient Label available

Rev. 20/12/12 Print Code:13491



DOCTOR / PROCEDURALIST

Operations / Procedures proposed (to be documented by Doctor/Proceduralist):

.....
.....
.....

I, Doctor/Proceduralist have informed and explained to the Patient Responsible Person/Guardian

The nature and effect of the proposed operation / procedure

The material complications and risks as documented below:

.....
.....
.....
.....

I have also supplied the patient with relevant printed information from: Yes

- EIDO Healthcare brochures (Peninsula Health Intranet), or
- Relevant Patient Information Brochure

.....
Doctor / Proceduralist Signature

.....
Print Name

.....
Date and Time

Waiting List Office has provided EIDO Health Care Brochure Yes

Signature Waiting List Staff Member:

PATIENT

I,

Surname of Patient / Responsible Person / Guardian

Given Names

confirm that the above information has been provided to me and I understand and give consent for:

the proposed operation / procedure and other operations / procedures found urgently necessary during the operation, including the anaesthetic and/or blood product transfusion. I have also had the opportunity to ask questions and receive relevant information. I understand that no guarantee is given that the procedure will be performed by a particular surgeon/proceduralist. I understand I may withdraw consent, in writing at any time.

.....
Signature of Patient / Responsible Person / Guardian

.....
Print Name

.....
Relationship to Patient

.....
Date and Time

(* Please tick confirming Printed information supplied)

Confirmation of Consent on Admission

Signature Patient.....Print Name.....Date.....

Signature Doctor.....Print Name.....Date.....

CONSENT FORM - OPERATION / PROCEDURE

MR/552800