

HSS TRUST \_\_\_\_\_  
Hospital Unit \_\_\_\_\_

GP PRACTICE or other \_\_\_\_\_  
Primary Care Provider \_\_\_\_\_

**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 No. (or other identifier) .....  
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)*  
.....  
.....  
I have explained the procedure. In particular, I have explained:  
.....  
.....  
The intended benefits .....  
.....  
.....  
Serious or frequently occurring risks .....  
.....  
.....  
Possible additional procedures which may become necessary during the procedure.  
 Blood transfusion  other procedure *(please specify)*.....  
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 .....  
Name (Print) ..... Job Title .....  
Contact details *(if patient wishes to discuss options later)* .....

**Statement of interpreter (where appropriate)**

I have interpreted the information above to the person giving consent to the best of my ability and in a way which I believe s/he can understand.  
Signed ..... Date .....  
Name (Print) .....

**Copy accepted by person giving consent Yes/No (please circle)**

## 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.

.....  
.....

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).....

**Confirmation of consent** (to be completed by a healthcare professional when the person is admitted for the procedure, if s/he has signed the form in advance). I have confirmed that s/he has no further questions and wishes the procedure to go ahead.

Signature .....Date .....

Name (Print) .....Job Title .....

**Important notes:** (tick if applicable)

**See also advance directive/living will (eg Jehovah's Witness form)**

**Person has withdrawn consent** .....Date.....

(ask person to sign/date here)