

Informed Consent for Chemotherapy

Name:	Age (in years):	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
UHID No./Registration No.:		
Interpreter Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Consultant's Name:	

The doctor has explained that I have the following medical condition:

 and I have been explained and advised to undergo the following treatment/procedure/chemotherapy:

The drugs used during the treatment are:

<p>Introduction Chemotherapy is a treatment given to cancer patients. During chemotherapy, anti-cancer drugs are administered to a patient.</p>			
<p>Technique Chemotherapy drugs are usually administered through an intravenous line. This is done by inserting a new sterile disposable needle into a vein in the arm. A central line (used to give medicine, intravenous fluid, blood over a long period) may be used if you already have it. Chemotherapy drugs can be administered orally as well (in form of tablets). The doctor will decide the drugs and the route of administration based on your medical condition or diagnosis.</p>			
<p>Intended Benefits (To be documented by doctor)</p> <ul style="list-style-type: none"> • To give you the best possible chance of being cured. • To control or shrink the tumour. • To improve the quality of life and survival. • Others, if any specify: 		<p>Alternatives (To be documented by doctor)</p>	
<p>Risks and Complications (To be documented by doctor)</p>		<p>Patient Specific Risks (To be documented by doctor)</p>	<p>Risks and Outcome of No Treatment (To be documented by doctor)</p>
<ul style="list-style-type: none"> • Visual changes • Blurred vision, itching, tearing • Weight loss • Weight gain • Temporary hair loss • Skin rash • Acne • Fatigue • IV site discomfort • Darkening of skin/nails • Facial flushing • Appetite change • Urine discoloration • Menstrual irregularities • Hot flashes • Metallic taste • Nasal congestion • Muscle/Joint aches • Confusion • Bruising/Bleeding • Blood in urine • Weakness • Anaemia • Shortness of breath 		<ul style="list-style-type: none"> • Chills • Fever • Nausea • Vomiting • Diarrhoea • Constipation • Depression • Mouth sores • Skin/Eye light sensitivity • Allergic reactions • Bladder irritation • Hearing loss • Skin ulceration • Numbness/tingling • Sterility • Infection • Lung damage • Heart damage • Liver damage • Kidney damage • Brain damage • Secondary cancers • Death • Others, if any specify: 	<ol style="list-style-type: none"> 1) 2) 3) 4) 5) <ul style="list-style-type: none"> • Disease progression • Worsening of symptoms • Deterioration of quality of life • Organ dysfunction/Failure • Death • Others, if any specify:

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Patient's Authorisation

- The doctor has explained my/the patient's medical condition and proposed treatment/procedure.
- I have been explained and have understood the intended benefits/risks known to be attached with the planned treatment/procedure including the risks that are specific to me/the patient and their likely outcomes.
- I have been informed that each patient can respond differently to chemotherapy and could have side effects that have not been reported by others or listed on this form.
- The doctor has explained other relevant/alternate treatment options and their associated benefits/risks.
- The doctor has also explained the risks of not having the procedure. I have been given the choice to take a second opinion.
- The doctor has explained to me that if immediate life-threatening events happen during the procedure, they will be treated accordingly.
- I have been counselled to avoid breast feed and trying becoming pregnant. These drugs could affect a growing foetus, so it is safer to wait until all treatment is complete before getting pregnant.
- I have also been explained that other personnel such as hospital residents/registrars/nurses/pharmacists and chemotherapy technicians will be authorised to participate in the treatment/procedure. I give my consent to do so.
- I was able to ask questions and raise concerns with the doctor about the procedure and its benefits/risks and my/patient's treatment options. My queries and concerns have been discussed and answered to my full satisfaction.
- I authorise repeated chemotherapy sessions as prescribed by my doctor, unless I specifically revoke this consent within its validity.
- I understand that I have the right to refuse treatment before the procedure. I agree that any such refusal shall be in writing and acknowledged by the hospital and I shall be solely responsible for the outcome of such refusal.

Patient Name:		Signature:		Date and Time:
Substitute Decision Maker Name:	Relationship:	Reason (patient is unable to give consent because):	Signature:	Date and Time:
Witness Name:	Relationship:		Signature:	Date and Time:
Interpreter Name:	Translation given in:		Signature:	Date and Time:

Declaration by the Doctor

I have explained to the patient / authorised representatives the medical condition, need for the procedure, its alternatives and benefits/risks, likely consequences if those risks occur and the significant risks and problems specific to this patient. I have given the patient/ authorised representatives an opportunity to ask questions about any of the above matters and raise any other concerns. I have answered all their queries to the best of my knowledge.

Name and Signature of the Doctor with Reg No:	Date and Time:
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