

Informed Consent for Surgery or Procedures

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|---|--------------------|--|
| 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: | |

Medical Condition
 The doctor has explained that I/my child/myhave the following medical condition:

 and I/my child/my.....have been explained and advised to undergo the following treatment/procedure:

 I authorise Dr. and
 his/her associates to perform the above treatment/ procedure.
 The doctor should document the site and/or side where relevant to the procedure:.....

Brief Details About the Procedure/Surgery (To be documented by doctor)

Consent for Blood Transfusion
 Please see Blood Transfusion Consent Form. This will give you information about the type of the blood products, benefits and risks of blood transfusion. If you have any concern(s), please discuss with your doctor.

Consent for Anaesthesia
 Please see Anaesthesia Consent Form. This will give you information about the type of the anaesthesia, its benefits and general risks. If you have any concern(s), please discuss with your anaesthetist(s).

Risks and Complications (To be documented by doctor)
 While majority of patients have an uneventful surgery and recovery, few cases may be associated with complications. These are seen infrequently and not all the ones listed below are applicable to an individual. However, it is important that you must be aware of the complications/risks that may arise out of this procedure which are as below:

- 1) Bleeding
- 2) Infection
- 3)
- 4)
- 5)

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| <p>Potential Benefits (To be documented by doctor)</p> <ol style="list-style-type: none"> 1) Relief from diagnosed illness 2) 3) 4) 5) | <p>Alternatives (To be documented by doctor)</p> <ol style="list-style-type: none"> 1) 2) 3) 4) 5) |
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| <p>Possible Results of Non-treatment (To be documented by doctor)</p> | <p>Likelihood of the Success Rate of Procedure (To be documented by doctor)</p> |
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Patient's Authorisation

- The doctor has explained my/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/ patient and their likely outcomes.
 - 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.
 - 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 understand that the treatment/procedure may include use of X-rays. I consent to the conduct of X-rays as my doctor deem appropriate. I have been informed of the risks most commonly associated with the exposure to radiation.
 - I understand that the treatment/procedure may include blood/blood product transfusion (for which a separate consent shall be obtained).
 - The doctor has explained the requirement for anaesthesia for this procedure and I understand the risks associated with anaesthesia, including the risks specific to me (for which a separate consent shall be taken).
 - I understand that if organs or tissues are removed during the surgery that these may be retained for prescribed tests and shall be disposed of sensitively by the hospital as per the regulatory provisions.
 - The doctor has explained to me, that during the course of or subsequent to the operation/procedure, unforeseen conditions may be revealed or encountered which may necessitate urgent surgical or other procedures in addition to or different from those contemplated. In such exigency, I further request and authorise the above-named physician/surgeon or his designee to perform such additional surgical or other procedures as he or they consider necessary or desirable in my interest. I understand and agree that in such condition there will be no requirement of any additional consent from me or my family members/attendants. If additional support from other professionals is required, the same can be sought.
 - I declare that no guarantee of whatsoever nature has been given by anyone as to the results that may be obtained.
 - I understand that I have the right to refuse treatment before the surgery/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.
 - I certify that I have received complete information and fully understood the above consent statement, that all of my questions have been answered to my satisfaction, in the language I understand. This consent is given with stable mind, freely, voluntarily and without reservation.
- I consent to if any photographing or television of operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes. However, suitable precautions shall be taken by the hospital that my identity is not revealed anywhere. Yes No
 - For purposes of advancing medical education, I consent to the admittance of observers to the operating room. Yes No

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| 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/surgery, its alternatives and benefits/risks, likely consequences if those risks occur and the significant risks and problems specific to this patient including the risks of not undergoing the procedure. 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: