



Consent form

Medical Treatment/ Procedure/ Examination

I have discussed my present condition and the alternative treatments with Dr _____

The doctor and I have agreed on the following method of management: _____

Please Circle

I have had Hepatitis	Yes / No
I have had Jaundice	Yes / No
I have had been diagnosed with HIV	Yes / No
I have had Hormone Injections for Infertility during the 1970's	Yes / No

Circle if you take? **Is cover** Yes / No **Plavix** Yes / No **Warfarin** Yes/ No **Pradaxa** Yes / No

Circle if you have? **Joint replacement** Yes / No **Pacemaker** Yes / No **Diabetes** Yes / No

Do you have any allergies? Please list (Medications, Tapes, Antiseptic): _____

PLEASE TICK AND ADVISE DOCTOR OR NURSE IF YOU HAVE A DEFIBRILATOR OR A PACEMAKER Yes No

The doctor has discussed with me the following:

- The nature and purpose of the treatment
- Additional methods of management that may be necessary if something unexpected happens
- The complications that may occur
- That the outcome of a method of medical management can never be absolutely guaranteed, even though it is carried out with due professional care

As a result of these discussions:

- I understand the nature and purpose of the treatment
- I understand that undergoing the method of treatment carries a risk
- I have had the opportunity to ask questions and have been satisfied with the explanations and answers
- I have discussed alternatives to this method of treatment and have chosen to proceed with this method
- In the event of tissues being removed from my body, I understand that my tissue will be used for diagnostic and treatment purposes. I understand that it will be kept and may be used for ethically approved research, education and laboratory quality procedures

I, _____ (Person giving consent) Date of Birth: _____

Consent to undergo the medical management / Procedure set out above.

The risks, complications, nature and effects of this management and the potential for any additional costs, have been explained to me, and I understand these.

I also consent to the administration of local anaesthetic or products necessary in the administration of this management.

Dated: _____ Signed: _____ Capacity (Please circle) Self / Parent / Carer

Witness: _____

Excision Set	Bipolar	Curette	Art Forceps	Other Instrument	Gauze	Foil