

CONSENT TO PROCEDURE/ TREATMENT/OPERATION

TASMANIAN HEALTH ORGANISATION
– North

M.R.N.									
SURNAME D.O.B.									
OTHER NAMES SEX									

(For doctor and patient to complete)

Where applicable please ☒ tick the appropriate box.

Interpreter service present: ☐ Yes ☐ No ☐ N/A Service name: _____ Language required: _____
 Interpreter name: (print) _____ Interpreter signature: _____ Date: DD / MM / YYYY

The doctor has informed me _____
 (print name of patient or guardian)
 of the proposed procedure _____
 (name of proposed procedure)
 for _____
 (name of patient)

The procedure, expected outcomes, and general risks and complications have been explained to me.
 Potential general risks and complications include the following:

Potential risks and complications specific to the patient include:

Other treatment(s) may become necessary during the course of the procedure including:

The following alternative treatment options as well as the risks of not having the procedure have been explained.
 The relevant treatment options are:

I have discussed the procedure with the doctor and I understand the following:

- The procedure/treatment to be undertaken and the potential complications and risks associated with the above procedure.
- That future procedure(s) may be required, due to my medical condition, complications that arise, or a combination of both.
- The doctor has explained other relevant medical treatment options and their associated risks to me.
- That this is a teaching hospital and that the procedure will be performed by a doctor from the specialist team including possibly a trainee specialist/non-specialist doctor.
- I understand that I have the right to change my mind at any time before the procedure is undertaken, including after I have signed this form. I understand that I must inform my doctor if this occurs.
- That photographs or video footage may be taken during the operation. These de-identified images may be used for the purposes of clinical documentation, clinical monitoring and education.
- I am on the public waiting list. If my condition deteriorates my doctor has discussed with me the need to see my general practitioner (GP) for review.
- Medical/other students or ancillary personnel may be involved in the procedure at the discretion of the treating doctor.

Variances

I have received a patient information sheet on my procedure: ☐ Yes ☐ No ☐ N/A

I consent to the above procedure being undertaken (patient/parent/substitute decision maker):

Name: PATIENT / RESPONSIBLE PERSON	Signature: X PLEASE SIGN HERE	Date: DD / MM / YYYY
Name: DOCTOR	Signature: X PLEASE SIGN HERE	Date: DD / MM / YYYY

CONFIRMATION OF CONSENT AT PRE-ADMISSION OR ADMISSION TO HOSPITAL

I (patient/person responsible) confirm that the request and consent for the operation/procedure/treatment above remains correct.

Name:	Signature: X PLEASE SIGN HERE	Date: DD / MM / YYYY
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