

Consent for surgical procedures (Investigations or treatments)

Patient Label

Name: _____
 NHI: _____ DOB: _____ dd/mm/yy
 Address: _____

Section A – Patient information

1. Name of proposed procedure or course of treatment
 (Include brief explanation if medical term is not clear)

Side (tick): Left or Right

2. Statement of health professional

(To be filled in by a health professional with an appropriate knowledge of the proposed procedure, as specified by Health and Disability Act, 2000).

I have explained the procedure to the patient. In particular, I have explained:

- The intended benefits of the procedure(s)
- Any serious or frequently occurring risks of the procedure(s)
- The estimated time within which the services will be provided: _____
- The following information leaflet has been provided: _____
- The following options were discussed (tick):
 - Other procedure (specify): _____
 - The benefits and risks of any available alternative treatments (including no treatment)
- This procedure will involve (tick):
 - General and/or regional anaesthesia
 - Local anaesthesia
 - Sedation
- Special conditions:
 - See also advance directive/living will (e.g. Jehovah's Witness form)
 - I have offered the patient information about the procedure but s/he has declined the information

Health professional's signature: _____ Date: _____
 Name (print): _____ Job title: _____

3. Statement of the interpreter (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe s/he can understand:

Interpreter's signature: _____ Date: _____
 Name (print): _____

4. Acceptance of this information by patient

I have received the information about the above procedure:

Signature: _____ Date: _____

Consent for surgical procedures - continued

Patient Label

Name: _____
 NHI: _____ DOB: _____ dd/mm/yy
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Section B – Patient consent

5. Statement of patient

- Note:**
- You have the right to change your mind at any time before the procedure is undertaken, including after you have signed this form.
 - You may ask for a relative, friend or a nurse to be present whilst the procedure is being explained and consent obtained.

Please tick boxes to indicate you have understood and agree to the statements below.

- I consent to the procedure (or course of treatment) described on this form.
- I understand that there is no guarantee that a particular person will perform the procedure. The person will, however, have appropriate training and experience.
- I understand that any tissue removed as part of the procedure or treatment may be used for diagnosis, stored or disposed of, or referred to experts in other centres or countries, as appropriate, and in a manner regulated by ethical, legal and professional standards.*
- I agree that, in the event of a health professional sustaining a sharps injury during my operation/procedure, a blood sample may be taken to test for blood-borne disease including HIV, Hepatitis B and C. Counselling will be made available prior to the results being made available to me.
- I agree that any removed tissue and the results of diagnostic tests may be used for teaching, audit and research, which may benefit other patients.
- I agree to the use of photography for the purpose of diagnosis, treatment and medical education.
- 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.

*Should you wish to have any tissue/body parts returned to you, tick the box below:

- I wish to have specified tissue and/or body parts returned to me.

Signature: _____ Specify: _____

Patient's signature: _____ **Date:** _____

Name (print): _____

If the patient is unable to sign but has indicated his/her consent, a witness should sign below.

Witness's signature: _____ Date: _____

Name (print): _____

I hereby give consent to the above procedure(s) being carried out on my child/ward:

Parent/Guardian's signature: _____ **Date:** _____

6. Confirmation of consent (To be completed by a health professional of the Waikato District Health Board when the patient is admitted for the procedure, if patient has signed form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signature: _____ Date: _____

Name (print): _____ Job title: _____

- The patient has withdrawn consent (ask patient to sign/date here)

Signature: _____ Date: _____