

REQUEST FOR
ELECTIVE ADMISSION cont.

Patient Consent

SURNAME.....
GIVEN NAMES.....
DATE OF BIRTH..... Sex: M F
Please fill in if no Patient Label available

I have been advised of my need for the above mentioned surgical procedure and

1. I understand the reason for my referral to the waiting list;
2. I understand that I have been given an urgency category and will be booked for surgery according to my clinical need;
3. I am aware that as a public patient on the waiting list of a public hospital the specialist who originally saw me may not be the person who performs the procedure(s);
4. I understand the nature of the proposed procedure;
5. The material risks associated with the proposed procedure have been discussed with me.
6. I understand that health information about me relevant to the proposed procedure will be provided to the hospital so that I can receive the necessary treatment. The hospital will also be advised about the contact details of my general practitioner. The hospital will notify my general practitioner about my placement on the waiting list. My general practitioner may also be provided with relevant information about my condition and the proposed procedure;
7. I understand that in cases of significant delay between the time I've been added to the waiting list and time of surgery, consent may need to be reobtained or confirmed.
8. I consent to the surgery/procedure as described to me being performed on myself.

Patient Signature:..... Date:

A duplicated completed copy of this form is to be given to the patient. (The original is to be sent to the Hospital).

If you have any further questions regarding placement on the waiting list, please contact the hospital on 9784 7803.

The patient information collected on this form by the referring medical practitioner and other relevant clinical information will be forwarded to the health service at which you will be placed on the waiting list. This will enable the health service to assume responsibility for your clinical management while you wait for your procedure and to arrange treatment inline with the recommendations provided to it by the referring medical practitioner.

Hospital Use Only

Date Referral Received: / / Placed on Waiting List: / /

UR Number.....