

Doctor to Complete
CONSENT FORM
- OPERATION / PROCEDURE
 (Refer to PH Policy 6.1.3)

UR NUMBER.....

SURNAME.....

GIVEN NAMES.....

DATE OF BIRTH

Please fill in if no Patient Label available

Rev. 16/3/12 - 13491

DOCTOR / PROCEDURALIST

Operations / Procedures proposed (to be documented by Doctor/Proceduralist):

Day Case Ketamine Infusion

I, Doctor/Proceduralist Monalisa.....have informed and explained to the ☐ Patient ☐ Responsible Person/Guardian☒ The nature and effect of the proposed operation / procedure☐ The material complications and risks as documented below:

I have also supplied the patient with relevant printed information from:

Yes

- EIDO Healthcare brochures (Peninsula Health Intranet), or ☐

- Relevant Patient Information Brochure ☐

Doctor / Proceduralist Signature

Print Name

Date and Time

Waiting List Office has provided EIDO Health Care Brochure ☐ Yes

Signature Waiting List Staff Member:

PATIENTI, Siva Kumar Reddy.....

Surname of Patient / Responsible Person / Guardian

Given Names

confirm that the above information has been provided to me and that I understand and give consent for:

the proposed operation / procedure and other operations / procedures found urgently necessary during the operation, including the anaesthetic and/or blood product transfusion. I have also had the opportunity to ask questions and receive relevant information. I understand that no guarantee is given that the procedure will be performed by a particular surgeon/proceduralist. I understand I may withdraw consent, in writing at any time

Signature of Patient / Responsible Person / Guardian

Print Name

Relationship to Patient

21.10.14

Date and Time

Confirmation of Consent on Admission

CONSENT FORM - OPERATION / PROCEDURE

MR/