

Name \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_

Ward / Bed No. \_\_\_\_\_ Hospital No. \_\_\_\_\_

**PART A**

**CONSENT FOR SURGICAL/INVASIVE PROCEDURE**

(A) I, \_\_\_\_\_ (Patient’s name), hereby voluntarily give my consent to undergo the procedure of \_\_\_\_\_, \_\_\_\_\_ to be performed by Dr. \_\_\_\_\_ under General/ Local/ Regional Anaesthesia/ MAC Sedation / IV Sedation/ no Anaesthesia.

OR

(B) I, \_\_\_\_\_, the father/mother/relative/guardian of \_\_\_\_\_ (Patient’s name), hereby voluntarily give my consent for the Patient to undergo the procedure of \_\_\_\_\_, \_\_\_\_\_ to be performed by Dr. \_\_\_\_\_, under General/ Local/ Regional Anaesthesia/ MAC/ IV Sedation/ no Anaesthesia.

(1) The proposed Procedure, includes the following:

- (a) Indication for performing the Procedure.
- (b) General nature of the Procedure.
- (c) Potential general risks of complications and side effects, including but not limited to bleeding; wound infection; chest infection; other infection; heart attack; stroke; blood clot in the leg veins; blood clot travelling to the lungs; and death.
- (d) Potential specific risks of complications and side effects relevant to the Procedure and the Patient’s condition : \_\_\_\_\_
- (e) Other treatment options, and consequences of no treatment.
- (f) Additional and/or consequential treatment(s) or management which may become necessary during or after the Procedure including: intensive care; blood and or blood product transfusion; conversion to open procedure from minimal invasive procedure; \_\_\_\_\_.

(2) I understand that

- (i) by necessity, Medical Practitioners other than the Doctor may assist in performing the Procedure;
- (ii) if tissues or organs are removed during the Procedure, they may be submitted for pathological examination following which they will be disposed of appropriately, or they may be disposed of without such pathological examination;
- (iii) during the Procedure, photographs or other recording may be taken which may be used for medical documentation or teaching purposes. For the latter, the Patient’s identity will not be disclosed or identifiable; and

(iv) there is no guarantee that the Patient's condition or prognosis will improve following the Procedure.

(3)  I confirm that I have been provided with Information on the Procedure, and that I have reviewed the same, and that I fully understand the contents.

\_\_\_\_\_  
Patient/Parent/Relative/Guardian's name in block letter

\_\_\_\_\_  
Witness name in block letter

\_\_\_\_\_  
Patient/Parent/Relative/Guardian's signature

\_\_\_\_\_  
Witness's signature

ID/Passport No: \_\_\_\_\_

\_\_\_\_\_  
Relationship to Patient

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**DOCTOR'S DECLARATION:** I have explained the nature, risks and benefits of the operation to the Patient/Parent/Guardian and have answered the Patient/Parent/Guardian's questions. To the best of my knowledge, the Patient/Parent/Guardian has been adequately informed and has consented, and the details as such had been documented in the Patient's Clinical Record.

\_\_\_\_\_  
Doctor's Full name in block letter

\_\_\_\_\_  
Doctor's signature

Date: \_\_\_\_\_

### INTERPRETER

I, \_\_\_\_\_ (Interpreter's name), certify that I have truly, distinctly and audibly interpreted the contents of this document into \_\_\_\_\_ (*insert language or dialect*) to the Patient/Parent/Guardian.

Date: \_\_\_\_\_

\_\_\_\_\_  
Interpreter's Signature

---

### EXPLANATORY NOTES

1. The consent form should be signed by the patient if he/she is an adult and is in a fit state to do so. Should the patient be unfit for this purpose, the form has to be signed by his/her parent/relative/guardian.
2. If the patient is a minor, it is acceptable for him/her to sign if he/she is fully able to understand the content of the consent form. Otherwise the parent/relative/guardian should sign. In appropriate cases, both the minor patient and the parent/relative/guardian may sign the form.
3. The consent form should be signed by the Doctor who gave the explanation to the patient or the Doctor who is to perform the operation.
4. The witness may be a member of the hospital staff or any appropriate third party.