Surgical consent

Ref

Date

Patient	Date of birth	MRN

Procedure

Procedure / treatment

Anaesthesia

Clinician's declaration

I have explained the proposed procedure and the following matters to the patient in terms they understood:

- ☐ The intended benefits
- ☐ Alternatives, including no treatment
- ☐ What the procedure involves
- ☐ Anaesthesia and its risks

Material, serious or frequently occurring risks

Clinician's signature

Printed name

IMC / registration no.

Date

Patient's declaration

I consent to the procedure described above. I understand the proposed anaesthesia, the material risks, the alternatives including no treatment, that no outcome is guaranteed, and that another appropriately qualified clinician may perform it. I have had time to ask questions, they were answered, and I may withdraw consent before the procedure begins.

- ☐ I consent to photography for my medical record
- ☐ I consent to a blood transfusion if clinically required

Patient's signature

Date

Capacity, decision support, interpreter or advocate

Confirmation on the day of the procedure