

Dr R E Pope

Beneficence and Nonmaleficence
Neurosurgeon and Spine Surgeon

GENERIC CONSENT

U.R. No	(Please place patient label here)		
Surname			
Given Names			
D.O.B.		Sex	M F
GP			

Doctor to cross out and initial, any statements on the 'Generic Consent', not relevant to this patient's procedure.

A. INTERPRETER/ CULTURAL NEEDS

- An Interpreter Service is required yes no
- If yes, is a qualified Interpreter present yes no
- A Cultural Support Person is required yes no
- If yes, is a Cultural Support Person present yes no

B. CONDITION AND PROCEDURE

The doctor has explained that I have the following condition: *(Doctor to document in patient's own words)*

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This condition requires the following procedure: *(Doctor to document - include **site** and/ or **side** where relevant to the procedure)*

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C. ANAESTHETIC

See "About your anaesthetic" information sheet for information about the anaesthetic and the risks involved. If you have any concerns, talk these over with your anaesthetist. If you have not been given an information sheet, please ask for one.

D. GENERAL RISKS OF A PROCEDURE

They include:

- (a) Small areas of the lungs may collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- (b) Clots in the legs with pain and swelling. Rarely part of this clot may break off and go to the lungs which can be fatal.

- (c) A heart attack because of strain on the heart or a stroke.
- (d) Death is possible due to the procedure.
- (e) Increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- (f) Increased risk in smokers of wound and chest infections, heart and lung complications, and thrombosis.

E. RISKS OF THIS PROCEDURE

There are some risks/ complications, which may happen specifically with this type of surgery.

They include : *(Doctor to document)*

- (a)
- (b)
- (c)
- (d)
- (e)
- (f)
- (g)
- (h)
- (i)
- (j)
- (k)

F. SIGNIFICANT RISKS AND RELEVANT TREATMENT OPTIONS

The doctor has explained any significant risks and problems specific to me, and the likely outcomes if complications occur.

The doctor has also explained relevant treatment options as well as the risks of not having the procedure.

(Doctor to document in space provided. Continue in Medical Record if necessary. Cross out if not applicable.)

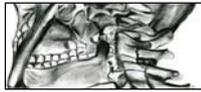
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D.O.B.		Sex	M F
GP			

G. PATIENT CONSENT

I acknowledge that:

The doctor has explained my medical condition, the proposed procedure and the risks of this procedure. I understand the risks of the procedure, including the risks that are specific to me, and the likely outcomes.

The doctor has explained other relevant treatment options and their associated risks. The doctor has explained my prognosis and the risks of not having the procedure.

I have been given a Patient Information Sheet on Anaesthesia (Version 2: 11/2002).

I have been given a Patient Information Sheet (Version 3: 09/2004) about the general risks of this procedure.

I was able to ask questions and raise concerns with the doctor about my condition, the procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.

I understand that the procedure may include a blood transfusion.

I understand that a doctor other than the Consultant Surgeon may conduct the procedure. I understand this could be a doctor undergoing further training.

I understand that if organs or tissues are removed during the surgery, that these may be retained for tests for a period of time and then disposed of sensitively by the hospital.

The doctor has explained to me that if immediate life-threatening events happen during the procedure, they will be treated accordingly.

I understand that photographs or video footage maybe taken during my operation. These may then be used for teaching health professionals. (You will not be identified in any photo or video).

I understand that no guarantee has been made that the procedure will improve the condition, and that the procedure may make my condition worse.

On the basis of the above statements,

I REQUEST TO HAVE THE PROCEDURE.

Name of Patient/
Substitute decision maker
and relationship

Signature

Date

Substitute Decision Maker Under the Powers of Attorney Act 1998 and/ or the Guardianship and Administration Act 2000. If the patient is an adult and unable to give consent, an authorised decision- maker must give consent on the patient's behalf.

H. INTERPRETER'S STATEMENT

I have given a translation in
(state the patient's language here) of the consent form and any verbal and written information given to the patient/ parent or guardian/ substitute decision maker by the doctor.

Name of Interpreter

Signature

Date

I. DOCTOR'S STATEMENT

I have explained:

- the patient's condition
- need for treatment
- the procedure and the risks
- relevant treatment options and their risks
- likely consequences if those risks occur
- the significant risks and problems specific to this patient.

I have given the patient/ substitute decision-maker an opportunity to:

- ask questions about any of the above matters
- raise any other concerns

which I have answered as fully as possible.

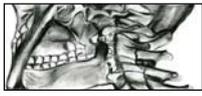
I am of the opinion that the patient/ substitute decision-maker understood the above information.

Name of Doctor

Designation

Signature

Date



CONSENT INFORMATION - PATIENT COPY GENERIC CONSENT

ANAESTHETIC

If you have any concerns, talk these over with your anaesthetist.

If you have not been given an information sheet, please ask for one.

GENERAL RISKS OF A PROCEDURE

They include:

- (a) Small areas of the lungs may collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- (b) Clots in the legs with pain and swelling. Rarely part of this clot may break off and go to the lungs which can be fatal.
- (c) A heart attack because of strain on the heart or a stroke.
- (d) Death is possible due to the procedure.
- (e) Increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- (f) Increased risk in smokers of wound and chest infections, heart and lung complications, and thrombosis.

SPECIFIC RISKS OF THIS PROCEDURE

There are some risks/ complications, which may happen specifically with this surgery/procedure. The doctor has listed these on the consent form.

NOTES TO ASK THE DOCTOR

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I ACKNOWLEDGE THAT:

The doctor has explained my medical condition, the proposed procedure and the risks of this procedure. I understand the risks of the procedure, including the risks that are specific to me, and the likely outcomes.

The doctor has explained other relevant treatment options and their associated risks. The doctor has explained my prognosis and the risks of not having the procedure.

I have been given a Patient Information Sheet about the general risks of this procedure.

I was able to ask questions and raise concerns with the doctor about my condition, the procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.

I understand that the procedure may include a blood transfusion.

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On the basis of the above statements,

I REQUEST TO HAVE THE PROCEDURE.