



Consent to Treatment

This section is for all surgical, medical and diagnostic procedures including associated and / or other medication.

Please complete all sections and both sides of the form.

I, *(Name of Patient or Representative)* _____

request that the operation or procedure described as: _____

being given to *(please tick)* myself my child other *(with Power of Attorney*)*

Name of patient if patient not signing the form _____

I have been able to discuss this with _____ Designation _____

whose signature appears below *(Health Professional)*

Discussion / Comments:

Delete any of the following you do not agree with:

- I confirm that I have received a satisfactory explanation of the reasons for, risks, and likely outcomes of the operation or procedure, and the possibility and nature of further related treatment including return to theatre, should any complications arise.
- I have had an opportunity to ask questions and understand that I may seek more information at any time and participate in decision making about my treatment.
- I agree to the administration of blood or blood products that may be required.
- I agree to procedural images being taken as required, and to be held by my surgeon.
- I agree to anaesthetic or sedation.
- I understand that should a member of the healthcare team be directly exposed to my blood or other body fluids, I agree for blood samples to be taken and tested.
- I agree that I have had the opportunity to discuss the return of body parts removed during the above procedure and understand that in certain situations this may not always be possible.
- I understand that other clinical team members or technical invitees may be involved in my care.

Patient Signature: _____ Date: _____

Representative if not patient Signature: _____ Date: _____

State relationship: _____

Advocate / Interpreter Signature: _____ Date: _____

Surgeon Signature: _____ Date: _____

**where applicable please provide evidence of enacted Enduring Power of Attorney*

Please complete both sides of this form

