



Complete all 3 pages and return to the hospital at least 7 days prior to admission

CONSENT FOR PROCEDURE

PART A: To be completed by Patient

The doctor whose name appears in Part B and I have discussed my present condition and the ways which it might be treated. The doctor has told me that

1. The administration of an anaesthetic and medicines may be needed in association with this procedure and they carry some risks.
2. Additional procedures or treatment may be needed if the doctor finds something unexpected and I agree to these additional procedures and/or treatment being carried out if required.
3. The procedure carries certain risks, the nature of those risks and complications have been discussed with me

I agree that I have been given the opportunity to ask questions of the doctor whose name appears below and understand the nature of the procedure and undergoing the procedure carries risks. I am satisfied with the answers and information I have received.

I have been advised of the risks associated with this procedure.

I understand that whilst I am in hospital, I will receive care, medications, tests and examinations as necessitated by the procedure I am undertaking.

I agree to be personally responsible for payment of all hospital treatment regardless of any claim I may have against any health fund or third party.

Following the procedure I have been advised I must have a responsible adult take me home. I realize that impairment of full mental alertness may persist for the rest of the day. I will not drive a car, operate machinery, drink alcohol or sign any legal documents on the same day of the procedure.

The answers I have given to all questions are true to the best of my knowledge and I have not withheld any information.

I acknowledge that Reservoir Private Hospital Day Procedure makes available to me Patient Rights and Responsibilities as well as Health Information Collection Disclosures.

Signed: _____ **Relationship to patient:** _____ **Date:** _____

Witness Signature: _____ **Print Name:** _____

*witness is verifying that they have witnessed the patient/guardian signing the form

PART B: To be completed by Proceduralist

I, **Doctor** _____ have informed **(Patient)** _____ of the nature and material risks of the recommended procedure. The agree procedure and treatment that the patient is to undergoing is:

Performed with or without biopsy, polypectomy and with or without banding.

Proceduralist Signature: _____ **Print Name** _____ **Date:** _____

PART C: To be completed by Anaesthetist

I have discussed with the patient the relevant aspects and risks of the anaesthetic and he/she has given consent to proceed.

Anaesthetist Signature: _____ **Print Name:** _____ **Date:** _____