



Agreement to Treatment

SURNAME: NHI: FIRST NAMES: DATE OF BIRTH: SEX: Please attach patient label here

BLOOD / BLOOD PRODUCTS

INTERPRETER: Yes No Name of Interpreter: Language:

I have read a NZ Blood Service leaflet on Blood Transfusion, and/or have had explained to me and understand the risks and benefits of the use of blood and blood products. I have had the opportunity to discuss their use.

I understand that as a result of treatment for haematological conditions I may require repeated blood transfusions.

I understand that I can withdraw this consent at any time.

- I AGREE to receiving these blood/blood products as required. I DO NOT AGREE to receiving these blood/blood products under any circumstances OR unless my life is in danger.

SIGNED: PATIENT / LEGAL REPRESENTATIVE SIGNED: INTERPRETER

SIGNED: CLINICIAN DATE:

The Care of Children Act 2004 does allow medical staff to over-ride the wishes of guardians in a life-threatening situation.

LEGAL REPRESENTATIVE

- Legal representative means welfare guardian, enduring power of attorney (care and welfare), or guardian of a child. Next of kin does not have legal authority to consent on behalf of an incompetent patient however they may be consulted. In the case of a child consent may be given- (a) by a guardian of the child; or (b) if there is no guardian in New Zealand or no guardian of that kind can be found with reasonable diligence or is capable of giving consent, by a person in New Zealand who has been acting in the place of a parent (s36(3) Care of Children Act 2004)

IF YOU NEED AN INTERPRETER, PLEASE ASK THE STAFF

MEHEMEA E HIAHIA NA KOE HE KAIWHAKAMAORI, TONO AKE KI NGA KAIMAHI FIEMA'U HA FAKATONU-LEA MAHANI NGÄUE? 'EKE KI HE TOKOTAHA-NGÄUE E TE MANAOMIA SE FA'AMATALA UPU UA A'OA'OINA MA PASIA? FESILI I LE AUFAIGALUEGA KA MANAKO HE TAGATA ILOILO HE FAKAHOKOHOKO KUPU? OLE AGE KE HE KAU GAHUA HE OFISA KA ANOANO AINEI KOE I TETAI TANGATA I TERENIIA NO TE URI-REO EI TAUTURU I A KOE? E PATI KOE KI TE NETI ME KARE KI TE TAOTE NÉU QUÝ VỊ CẦN THÔNG DỊCH VIÊN THÀNH THẠO XIN HỎI NHÂN VIÊN BỆNH VIỆN

HADAAD U BAAHATO TURJUBAAN, FADLAN WEYDIISO SHAQAALAHA

如果您需要一位翻譯，請告訴醫院的職員。

ប្រសិនបើអ្នកត្រូវការអ្នកបកប្រែដែលមានការហ្វឹកហ្វឺនសូមមេត្តាទាក់ទងនឹងបុគ្គលិកឬសមាជិក។

अगर आपको अनुवादक कि आवश्यकता हो तो कर्मचारी वर्ग को बतायें

چنانچه به مترجم احتیاج دارید، از مسئولین درخواست کنید.

لو كنت بحاجة الى مترجم ، إسأل أحد المنتسبين رجاءً

хүлээн үзнэвчлэлтэйгээр хэрэгтэй болгохын тулд ажилтныг мэдэгдэнэ.

AGREEMENT TO TREATMENT CR0111