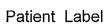
7752 07/15		
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## CLINICIAN USER INFORMATION ABOUT THIS FORM AND THE INFORMED CONSENT PROCESS...

Consent for a surgical procedure is required to be completed before a patient is put onto the treatment list. If a procedure is going to require anaesthetic or blood transfusion, the appropriate anaesthetic leaflet and / or New Zealand Blood Service leaflet should be provided at this time.

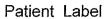
The proceduralist (e.g. surgeon / endoscopist) is responsible for obtaining consent required for blood / blood products contained on the last page of this form as appropriate. If blood is refused, please refer to BOPDHB policy 1.2.6 Refusal of Blood Products.

Enduring Power of Attorney (EPOA) for health and welfare document needs to be sighted if relatives are to consent on other's behalf.

If a patient is not competent to consent please refer to the Treatment / Non-Treatment of the Incompetent Adult Patient Treatment form (8107). For children under the age of 16 it is advised that a parent signs the consent form in most situations.

It is important to indicate what information has been provided to support the consent. For more information relating to informed consent refer to BOPDHB policy 1.1.1 Informed Consent. For guidance, queries... please contact your manager or senior clinician.

contact your manager or senior clinician.			
CONSENT TO THE SURGERY / PROCEDURE / TREATMENT			
I,			
I understand that I may withdraw consent at any time.  I acknowledge that I have been given the Bay of Pienty District Health Board (BOPDHB) leaflets as listed below			
I agree that I have been able to discuss this with whose signature appears below			
(Print name and designation) and the risks and benefits have been explained to me. Specific additional risks and benefits explained to me (but not limited to) are			
I agree to further procedures or measures that my surgeon considers necessary and essential during the procedure.  I agree to have samples of blood tested for transmissible diseases if a health worker is directly exposed to blood / body fluids.  I acknowledge that no assurance has been given that the operation will be performed by any particular proceduralist but I expect that prior to the operation I will be informed who the operating surgeon will be.  I acknowledge that technical positioning and/or safe holding ensuring my safety may be required for this procedure / investigation to be done.			
1. I wish to have any body part / tissue removed during this procedure to be returned (except that used for diagnostic purposes).  (Tick as appropriate) Yes No N/A If YES, refer to Policy 6.3.9 Body Parts and Tissues			
I understand that the procedure or part of the procedure may be delegated to a specialist in training, and I accept that the procedure may involve some clinical teaching, the nature of which is			
and has been discussed with me. (Tick as appropriate) Yes No N/A  3. I agree to image / sound recording for clinical purposes			
the nature of which has been explained to me. (Tick as appropriate) Yes No N/A			
Signature Signature (Patient / Parent / Guardian / EPOA holder) (Interpreter / Advocate if appropriate)			
Signature Date / Time  (Doctor) This consent is valid for 6 months from this date			



Patient aware they may ask to have a support person present

YES

NO

Language spoken

Interpreter / Advocate required?



## **INFORMED CONSENT**

produce the control of the product of the control of the control of the product of the control o	
CONSENT TO ANAESTHESIAthis includes GE	NERAL, LOCAL, REGIONAL or MONITORED SEDATION
	being the proposed patient / parent / guardian / EPOA holder
agree that the anaesthetic and / or sedation has been procedure of	explained to me and I hereby consent to the anaesthetic
I understand that I may withdraw consent at any time	
I acknowledge that I have been given the BOPDHB Ar	naesthetic leaflets as listed below
About Your Anaesthetic	
and that the risks and benefits have been explained to not limited to) are	o me. Specific additional risks and benefits explained to me (but
and further acknowledge that I have been given an op	portunity to ask questions.
I agree to such further emergency measures that are r	necessary to save life / limb.
•	re a motor vehicle, operate machinery or potentially dangerous ant decisions for 24 hours after having received a general
I acknowledge that other Anaesthetists in training may	be involved in my care as circumstances permit, or require.
Signature(Patient / Parent / Guardian / EPOA holder)	Signature(Interpreter / Advocate if appropriate)
Signature(Consenting Clinician)	Date / Time
	- · · · ·
Signature (Anaethetising Clinician if required)	Date / Time This consent is valid for 6 months from this date
CONSENT TO THE USE OF BLOOD / BLOOD F	PRODUCTS
	being the proposed patient
	nformation pamphlet entitled "Your Guide to Blood Transfusion"
My questions have been answered and I have obta	ined all appropriate information that I want.
I have had the risks, benefits and alternatives of the	e use of blood explained to me.
I understand that I may need to receive repeated tra	,
I agree to receive blood products as required.	and district
r agree to receive blood products as required.	
ignatureSignature	
(Patient / Parent / Guardian / EPOA holder)	(Interpreter / Advocate if appropriate)
Signature (Doctor / Consenting Clinician)	*Date / Time_ *THIS CONSENT IS VALID FOR 6 MONTHS FROM THIS DATE
STAFF	F USE ONLY
CONSENT CHECKLIST	INFORMATION PROVIDED
For procedure For anaesthetic	NZ Blood Service About your anaesthetic
For blood or blood products On behalf of other	- Land
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