



INTERPRETER: Yes No

Language:

Name: UR No.
 Date of Birth:
 Ward/Unit:
Affix Patient Label or Complete

ANAESTHESIA

I have had the opportunity to read or had explained to me the Anaesthetic Information leaflet. I have had adequate opportunity to ask questions about the anaesthetic for the operation/procedure and have received all the information I want. This was provided by:

Dr: Designation:
WHOSE SIGNATURE APPEARS BELOW

Description of anaesthesia procedure: (general / local / epidural / spinal / sedation)
Discussion:

The implications and possible risks of an anaesthetic because of my history, condition and the proposed surgery have been explained to me. I agree to receive this anaesthetic.

I acknowledge that for 24 hours after the operation having had a general anaesthetic and/or narcotic or sedative agent administered I should only take prescribed medications and should not:

- Drive a motor vehicle, nor operate machinery or potentially dangerous appliances
- Drink alcoholic beverages
- Make important decisions

Signed: Date:
PATIENT / LEGAL REPRESENTATIVE

Signed: Print Name:
DOCTOR / ANAESTHETIST

Signed: Print Name:
INTERPRETER

BLOOD / BLOOD PRODUCTS

.....
NAME OF DOCTOR / PRACTITIONER has discussed with me the possibility / high probability that I / my child may require the following blood products *[list the specific products /components discussed]*:

In relation to this operation or procedure:

- I have been given the relevant New Zealand Blood Transfusion Service pamphlet(s) entitled "Your Guide to Blood Transfusion" to read.
- I understand that I can ask questions or have more information in detail and that I can change this consent if I so wish.
- I agree / do not agree (cross out one) to receive such blood/blood products if considered necessary.

NOTE: This consent is for the total number of transfusions of blood/blood products required for your management.

Signed: Date:
PATIENT / LEGAL REPRESENTATIVE

Signed: Print Name:
DOCTOR / PRACTITIONER

Signed: Print Name:
INTERPRETER