

**1 Patient Details**

*Affix patient label here:*

PATIENT LABEL

**2 Surgeon(s) / Proceduralist**

*This health care procedure is being provided by:* .....

**3 Capacity**

*Does the patient have capacity to give consent?*

☐ Yes ☐ No (If yes, go to 4.)

*Is another person legally entitled and able to consent?*

☐ Yes ☐ No\*

Legal authority under which this person is acting (tick one):

☐ Guardian (child or young person)

☐ Welfare Guardian (adult)

☐ Enduring Power of Attorney for personal care and welfare

Name of alternate person able and legally entitled to provide consent:

.....  
\*If no one is legally entitled and able to consent, use **Legal Authority for Providing Treatment/Procedure** form (MIDAS 101411)

**4 Interpreter / Communication Assistance**

Interpreter required? ☐ Yes ☐ No

Language/specific disability impairing communication: .....

Interpreter Name: .....

Interpreter Signature: ..... Date: .....

**5 Staff Exposure to Blood or Body Fluids**

If a staff member sustains a sharps injury or accidental exposure to blood or body fluids, a patient blood sample may be necessary to test for blood-borne diseases including HIV, Hepatitis B, and Hepatitis C.

Consent for the collection of a patient blood sample in the event of staff injury or exposure has been:

☐ Given ☐ Refused

**6 Name of Health Care Procedure**

## 7 Summary of Information Provided about the Health Care Procedure

State written material provided (if any). Give reference to other information provided e.g. clinic letters, case notes.

### Information to be provided:

- Knowledge of the condition
- Description of the procedure
- Health care options
- Potential benefits
- Likely outcome of this treatment
- Common side effects and complications
- Any financial implications
- Events that may arise and decisions that may need to be made during the procedure
- Implications of existing advance directives
- Issues related to the use of blood products
- Issues related to body parts
- Precautions/instructions following the procedure
- Recovery and recuperation

### UNEXPECTED SURGICAL FINDINGS

Unexpected surgical findings will only be addressed if they pose an immediate and direct threat to life or health. Otherwise unexpected findings will be dealt with in a future episode of care with fully informed consent.

## 8 Declined further information

The patient or person legally entitled to consent has declined some of the information relating to the proposed procedure. The person consenting has received the information set out in Section 7. In my opinion the patient or person legally entitled to consent has received sufficient information to give informed consent to the procedure.

☐ Yes ☐ No

Explanation: .....

## 9 Involvement of Students or Other Personnel

(The clinician should exclude students during the discussion to allow the patient to make a decision without undue pressure)

All students are under supervision.

Consent has been: ☐ Given ☐ Refused

for involvement of: ☐ Clinical Students ☐ Others (state who) .....

**Medical Students or others** please state (e.g. paramedics): .....

I consent to student(s)/other(s), as above to:

**Observe** examination(s)/procedure(s) -

☐ Yes ☐ No

**Assist** with examination(s)/procedure(s) – for example:

Bag mask ventilation

Examining surgical pathology

Surgical assisting (e.g. Holding retractors, Cutting stitches and ties, "Following" suture lines to keep the tension, Using suction, Diathermy, Holding the camera during laparoscopic cases)

☐ Yes ☐ No

**Conduct** examination(s)/procedure(s) – for example:

Suturing the skin under supervision

Endo-tracheal intubation

☐ Yes ☐ No



## Sensitive examinations/procedures by students

☐ Not applicable

For professional training, and with explicit patient consent, a student may observe a sensitive examination and/or may perform a sensitive examination on a patient while the patient is under anaesthetic. The student who undertakes an examination, or assists in performing the procedure, will be under the supervision of the treating doctor, in accordance with relevant professional guidelines. This requires a signature by the patient.

**For the purposes of education, I consent to a student(s) undergoing training to:**

**Observe**

☐ Yes ☐ No

**Assist and/or perform examination(s) or procedures** (including male and female urinary catheterisation)

— involving **breast, rectum, vagina, external genitalia:**

☐ Yes ☐ No

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### 10 Medical Photography/ Video/ Digital Imagery

☐ Not Applicable

Consent for medical photographs or video to be taken during the procedure has been

☐ Given ☐ Refused

NB. If used for purposes other than care and treatment — refer to Clinical Photography Policy - Midas 55195

### 11 Return Of Body Tissues or Body Parts

Does the patient have any specific requirements for the return of body tissues or body parts? ☐ Yes ☐ No

If yes, please specify: \_\_\_\_\_

Consent for any tissue or body fluids it is necessary to remove during procedure to be used for teaching purposes on the understanding the patient will not be identifiable is:

☐ Given ☐ Refused

### 12 Blood, Blood Products

Written information about receiving a blood transfusion, blood products, tissue or bone has been provided to this patient

☐ Yes ☐ No ☐ Not Required

I understand that **blood** or **blood products** may be required for the procedure.

Likelihood of requiring blood or blood products is:

☐ High ☐ Moderate ☐ Low ☐ Very low

- I understand that there are possible side effects from administration of blood and blood products.
- I agree that the benefits, risks and alternatives have been explained to me.
- Consent to the administration of blood or blood products, in relation to this procedure is:

☐ Given ☐ Refused

If refusal use **Refusal or Advance Directive for Blood Products - Adults (16 year plus)** Midas 74225

### 13 Tissue or Bone Substitutes

- I understand that **tissue** or **bone** may be required for the procedure. ☐ Not Applicable
- I agree that the benefits, risks and alternatives have been explained to me.
- Consent to the grafting of tissue or bone is: ☐ Given ☐ Refused

## 14 Information Received and Consent Given

*(To be completed by patient or entitled person)*

I ..... (name)

- have had explained to me the nature of my / the patient's condition, the procedure and options for treatment.
- have been provided with an assessment of the potential benefits, common side effects and likely outcome of the procedure.
- have had explained to me situations that may arise during the procedure and possible complications.
- have had the opportunity to ask questions and I am satisfied with the explanation and the answers to my questions.

I consent to the procedure/s described in this consent form above to be performed on myself or for:

..... (name of patient)

Signature: ..... Date: ..... (Patient/entitled person)

Doctor's Name: .....

Designation: .....

Doctor's Signature: ..... Date: .....

## 15 Reconfirmation of Consent / Additional Information Provided

*Required if there are:*

- Significant changes to the patient's health status
- Significant changes to the planned procedure
- Delay in undertaking the procedure

Reason for reconfirmation: .....

.....

.....

Doctor's Name: .....

Signature: ..... Date: .....

Acknowledgment of patient / entitled person of additional information and confirmation of their consent.

Name: .....

Signature: ..... Date: .....

(Patient/entitled person)