# CONSENT FORM

APPENDIX A (1)

## For medical or dental investigation, treatment or operation

Health Authority .....
Hospital .....
Unit Number .....

Patient's Surname .....
Other Names .....
Date of Birth .....
Sex: *(please tick)* Male ☐ Female ☐

## DOCTORS OR DENTISTS *(This part to be completed by doctor or dentist. See notes on the reverse)*

TYPE OF OPERATION INVESTIGATION OR TREATMENT

I confirm that I have explained the operation investigation or treatment, and such appropriate options as are available and the type of anaesthetic, if any (general/regional/sedation) proposed, to the patient in terms which in my judgement are suited to the understanding of the patient and/or to one of the parents or guardians of the patient

Signature..... Date .../.../.....

Name of doctor or dentist .....

## PATIENT/PARENT/GUARDIAN

1. Please read this form and the notes overleaf very carefully.
2. If there is anything that you don't understand about the explanation, or if you want more information, you should ask the doctor or dentist.
3. Please check that all the information on the form is correct. If it is, and you understand the explanation, then sign the form.

I am the patient/parent/guardian *(delete as necessary)*

I agree
- ■ to what is proposed which has been explained to me by the doctor/dentist named on this form.
- ■ to the use of the type of anaesthetic that I have been told about.

I understand
- ■ that the procedure may not be done by the doctor/dentist who has been treating me so far.
- ■ that any procedure in addition to the investigation or treatment described on this form will only be carried out if it is necessary and in my best interests and can be justified for medical reasons.

I have told
- ■ the doctor or dentist about any additional procedures I would not wish to be carried out straightaway without my having the opportunity to consider them first.

Signature .....

Name .....

Address .....

*(if not the patient)* .....

.....

NHS Management Executive

## NOTES TO:

### Doctors, Dentists

A patient has a legal right to grant or withhold consent prior to examination or treatment. Patients should be given sufficient information, in a way they can understand, about the proposed treatment and the possible alternatives. Patients must be allowed to decide whether they will agree to the treatment and they may refuse or withdraw consent to treatment at any time. The patient's consent to treatment should be recorded on this form (further guidance is given in HC(90)22 *(A Guide to Consent for Examination or Treatment.)*

### Patients

- The doctor or dentist is here to help you. He or she will explain the proposed treatment and what the alternatives are. You can ask any questions and seek further information. You can refuse the treatment.
- You may ask for a relative, or friend, or a nurse to be present.
- Training health professionals is essential to the continuation of the health service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor or dentist. You may refuse any involvement in a formal training programme without this adversely affecting your care and treatment.

# CONSENT FORM

APPENDIX A (2)

## For sterilisation or vasectomy

Health Authority .....
Hospital .....
Unit Number .....

Patient's Surname .....
Other Names .....
Date of Birth .....
Sex: *(please tick)* Male ☐ Female ☐

## DOCTORS *(This part to be completed by doctor. See notes on the reverse)*

TYPE OF OPERATION: STERILISATION OR VASECTOMY

Complete this part of the form

I confirm that I have explained the procedure and any anaesthetic (general/regional) required, to the patient in terms which in my judgement are suited to his/her understanding.

Signature..... Date..../.../.....

Name of doctor .....

## PATIENT

1. Please read this form very carefully.
2. If there is anything that you don't understand about the explanation, or if you want more information, you should ask the doctor.
3. Please check that all the information on the form is correct. If it is, and you understand the explanation, then sign the form.

I am the patient

I agree
- ■ to have this operation, which has been explained to me by the doctor named on this form.
- ■ to have the type of anaesthetic that I have been told about.

I understand
- ■ that the operation may not be done by the doctor who has been treating me so far.
- ■ that the aim of the operation is to stop me having any children and it might not be possible to reverse the effects of the operation.
- ■ that sterilisation/vasectomy can sometimes fail, and that there is a very small chance that I may become fertile again after some time.
- ■ that any procedure in addition to the investigation or treatment described on this form will only be carried out if it is necessary and in my best interests and can be justified for medical reasons.

I have told
- ■ the doctor about any additional procedures I would not wish to be carried out straightaway without my having the opportunity to consider them first.

For vasectomy
I understand
- ■ that I may remain fertile or become fertile again after some time.
- ■ that I will have to use some other contraceptive method until 2 tests in a row show that I am not producing sperm, if I do not want to father any children.

Signature .....

NHS Management Executive

## NOTES TO:

### Doctors

A patient has a legal right to grant or withhold consent prior to examination or treatment. Patients should be given sufficient information, in a way they can understand, about the proposed treatment and the possible alternatives. Patients must be allowed to decide whether they will agree to the treatment and they may refuse or withdraw consent to treatment at any time. The patient's consent to treatment should be recorded on this form (further guidance is given in HC(90)22 *(A Guide to Consent for Examination or Treatment.)*

### Patients

- The doctor is here to help you. He or she will explain the proposed procedure, which you are entitled to refuse. You can ask any questions and seek further information.
- You may ask for a relative, or friend, or a nurse to be present.
- Training health professionals is essential to the continuation of the health service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor. You may refuse any involvement in a formal training programme without this adversely affecting your care and treatment.

# CONSENT FORM

## For treatment by a health professional other than doctors or dentists

Health Authority .....
Hospital .....
Unit Number .....

Patient's Surname .....
Other Names .....
Date of Birth .....
Sex: *(please tick)* Male ☐ Female ☐

## HEALTH PROFESSIONAL *(This part to be completed by health professional. See notes on the reverse)*

TYPE OF TREATMENT PROPOSED

Complete this part of the form

I confirm that I have explained the treatment proposed and such appropriate options as are available to the patient in terms which in my judgement are suited to the understanding of the patient and/or to one of the parents or guardians of the patient.

Signature..... Date..../...../.....

Name of health professional .....

Job title of health professional .....

## PATIENT/PARENT/GUARDIAN

Please read this form and the notes overleaf very carefully.

**2.** If there is anything that you don't understand about the explanation, or if you want more information, you should ask the health professional who has explained the treatment proposed.

**3.** Please check that all the information on the form is correct. If it is, and you understand the treatment proposed, then sign the form.

I am the patient/parent/guardian *(delete as necessary)*

I agree ■ to what is proposed which has been explained to me by the health professional named on this form.

Signature .....

Name .....

Address .....

(if not the patient) .....

.....

NHS Management Executive

## NOTES TO:

### Health Professionals, other than doctors or dentists

A patient has a legal right to grant or withhold consent prior to examination or treatment. Patients should be given sufficient information, in a way they can understand, about the proposed treatment and the possible alternatives. Patients must be allowed to decide whether they will agree to the treatment and they may refuse or withdraw consent to treatment at any time. The patient's consent to treatment should be recorded on this form (further guidance is given in HC(90)22 *(A Guide to Consent for Examination or Treatment.)*

### Patients

- The health professional named on this form is here to help you. He or she will explain the proposed treatment and what the alternatives are. You can ask any questions and seek further information. You can refuse the treatment.
- You may ask for a relative, or friend, or another member of staff to be present.
- Training health professionals is essential to the continuation of the health service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a fully qualified health professional. You may refuse any involvement in a formal training programme without this adversely affecting your care and treatment.

# Medical or dental treatment of a patient who is unable to consent because of mental disorder

Health Authority .....
Hospital .....
Unit Number .....

Patient's Surname .....
Other Names .....
Date of Birth .....
Sex: *(please tick)* Male ☐ Female ☐

NOTE

If there is any doubt about the ability of a mentally disordered patient to give consent to treatment, the Registered Medical Practictioner in charge of the patient should be asked to interview the patient. If, in his or her opinion, the patient is able to give valid consent to medical, dental or surgical treatment, he or she should be asked to do so and no-one further need be involved.

If the patient is considered unable to give valid consent it is considered good practice to discuss any proposed treatment with the next of kin.

For surgical or dental operations the form should also be signed by the Registered Medical or Dental Practitioner who carries out the treatment.

## DOCTORS/DENTISTS

Describe investigation, operation or treatment proposed.

*(Complete this part of the form)*

In my opinion ..... is not capable of giving consent to treatment. In my opinion the treatment proposed is in his/her best interests and should be given.

The patient's next of kin have/have not been so informed. *(delete as necessary)*

Date: .....

Signature

.....

Name of Registered Medical Practitioner in charge of the patient:

.....

Signature

.....

Name of Second Registered Medical/Dental Practitioner who is providing treatment:

.....

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