



INFORMED CONSENT FOR MEDICAL/SURGICAL/DIAGNOSTIC PROCEDURES

DRUG SENSITIVITIES: _____
Intolerance: _____

1. Patient: _____ (FIRST) _____ (MIDDLE) _____ (LAST)

2. I authorize Dr. _____ assistants, and/or associates to perform the following medical/surgical/diagnostic procedure(s):

3. I also authorize and consent to:
- Any additional procedure(s) that the above physician(s) may consider necessary and advisable to perform while the procedure is in progress, even though the additional procedure(s) was not considered necessary or discussed with me at the time I signed this consent, but is made necessary because of a new and different condition of which I and my physician are not now aware.
 - Administration of such drugs, blood products or contrast media as are necessary to perform the above procedure(s) with the exception of:

- Administration of such anesthetics as may be necessary or advisable with the exception of:
- _____
- Taking of photographs, videotapes and/or illustrations of my procedure and/or other medical procedures for diagnostic, educational or scientific purposes, provided my/the patient's identity is not revealed.
- Disposal of any tissue removed and to the performance of appropriate pathological studies.

4. The procedure hereby authorized and its probable and possible benefits have been satisfactorily explained to me; possible methods of treatment have been discussed with me, and the possibility of complications and the risks involved have been pointed out to me; and no guarantees or assurances about the results of the procedure have been given to me.

I have been made aware of general risk(s) and consequences associated with the anesthesia to be administered. I understand that my signature on this form means that I understand its contents and that my questions have been answered regarding this procedure.

Patient signature: _____ Date: _____ Time: _____
(PATIENT OR PERSON AUTHORIZED TO CONSENT FOR PATENT)

RELATIONSHIP, IF OTHER THAN PATIENT _____ IF PATIENT UNABLE TO SIGN, STATE REASON _____

Witness signature: _____ Date: _____ Time: _____

Informed Consent for Medical/Surgical/Diagnostic Procedures

I declare that I have personally explained to and discussed with _____ (PATIENT OR REPRESENTATIVE)

the procedures necessary to treat his/her condition and have explained all of the information in the above form, including the benefits, risks and possible alternative modes of treatment.

Physician Signature: _____ Date: _____

Guidelines for Form Completion:

- Stamp with patient's addressograph plate.
 - (#1.) Enter patient's name (as he/she legally signs name).
 - (#2.) Enter name of physician performing the procedure.
 - Enter name/type of procedure as the physician's order reads, including exact location of procedure, i.e., left, right, below knee (*do not use abbreviations*).
 - *If different physicians are performing separate procedures, **separate consents must be obtained for each physician**; but if one physician is performing separate procedures, **only one consent is needed**.*
 - (#4.) Enter any exceptions for drugs, blood products, or contrast media specified by the patient, or person authorized to consent for the patient.
 - (#5.) Enter any exceptions for anesthesia specified by the patient, or person authorized to consent for the patient.
 - Have the patient sign the form, using his/her normal legal signature. If the patient's normal signature is an "X," two adults must witness the signing. Enter, or have patient enter, date and time.
 - **If someone other than the patient signs the consent form:**
 - *Enter relationship of the person signing.*
 - *State reason patient unable to sign.*
 - Have Witness to the patient's signature sign, date and enter time. (Signature may be witnessed by a staff member.)
 - Enter all drug sensitivities and/or intolerances. If patient indicates "none" or "none known," enter this information.
-
- The patient may add to or delete from the consent form. The patient must initial any additions or deletions. **Draw a line through any additional blank space.**
 - If the patient's mental status is changeable, but at the time of signing the patient is alert and able to comprehend information, document this in the progress notes.