

CONSENT FOR TREATMENT

Surname: _____

First Name: _____

U.R. Name: _____

Ward: _____ Bed: _____

Please affix patient's identification label

PART A - To be completed by the Ramsay Treating Health Care Accredited Practitioner

I have informed _____ and/or _____ / _____
Name of patient (print) Guardian/person responsible Relationship

Of his/her present condition, alternative treatments available and have explained the nature, purpose, likely results and the material risk of the following recommended operation/procedure(s)

Procedure/Reason for Admission: *(print)* _____

- Procedure Site: _____
- Procedure side of body: Right Left Not applicable
- Patient does not consent to having a blood / blood product transfusion
- Interpreter used: Name or RHC accredited interpreter _____ Language _____
- Sight Translated Verbally Translated

Treating Accredited Practitioner / Doctor

PART B - To be completed by the Patient / Person responsible

I _____ acknowledge that:
Print name of patient and sign below

- I have consented to the Operation / Procedure as described above or on attached consent form (please circle) _____ (name of procedure or operation)
- PDPC employees / contractors will administer care / treatment under the treating practitioner's direction or in an emergency, medical and nursing care will also be delivered as required.
- I understand the explanation the practitioner gave me as to the need, benefits, risks and complications related to this admission / operation / procedure(s) and / or treatment as discussed by my practitioner above in person via telephone
- Date: _____ Time: _____ (please tick)
- The administration of an anaesthetic, medicines, and / or blood / blood products may be needed if in association with this operation / procedure(s) and / or treatment as discussed by my practitioner above.
- I have had the opportunity to ask questions and these have been answered in a way I understand by the practitioner above.
- I have read / seen / heard and understand the following where applicable which explains the operation / procedure(s) and the risks involved:
 - Information Sheet(s) or Multimedia presentation on my Operation / Procedure _____
Name of Information Sheet(s)
 - If consenting to Blood / Blood products I have received the information brochure "Blood, Who Needs It" which explains the risks involved in blood / blood product transfusion.
- I note that I am able to withdraw this consent in writing at any time prior to the commencement of treatment / procedures.

Patient / Responsible person(s) Signature Patient / Responsible person(s) Signature Relationship (if applicable) Date

PTO

CONSENT FOR TREATMENT MR 04

