



INFORMED CONSENT

The Informed consent is both a legal requirement and an opportunity for doctor and patient to go through every aspect of the proposed operation including risks and potential complications.

Every time an admission to hospital for surgical treatment is planned, you will be asked to sign a consent form. This is usually done at the time the procedure is booked.

Without the consent form the hospital will not allow you to have your procedure/operation done.

Make sure you understand everything that is being explained to you and that you ask all questions you want to.

There is no stupid question and we believe the more informed the patient is before the operation the most satisfactory the outcome afterwards.

The moment you sign the consent form is not final. If any doubts or unclear issues arise **before the operation** you are welcome to discuss them.

You can call **AGORA** on **9421 2533** and speak to your doctor or book another appointment if you wish to do it face to face.

This is a sample of a informed consent form you will need to sign:

I consent to this admission to (Hospital Name) for (operation description) and I understand that:

- *The administration of medicine and anaesthetic may be needed in association with the admission/ procedure and that these may carry some risks;*
- *Hospital staff administer care under the treating doctor's direction, or in an emergency, medical and nursing care is administered as required including the administration of blood or blood products.*
- *I may withdraw any consents given by me at any time before operation.*

I acknowledge that:

- *The medical practitioner has explained why I need the treatment.*
- *The risks and benefits of receiving/not receiving the treatment have been discussed.*
- *I have had the opportunity to ask questions and any questions have been answered in a way that I understand.*
- *The medical practitioner has advised me that they do / do not (cross out your option) administer blood or blood products. If expected:*

I give permission for the administration of either, or both as considered necessary by any medical officer

OR

I withhold my consent to and forbid the administration of blood or its derivatives under any circumstances
_____ (reason for refusal) _____

Signature of Patient or Person Responsible