Informed Consent Form for Surgery

Patient Label

Name: _____
UID: _____ IPID: _____
Age: _____ Gender: Male/Female
D.O.A: _____ Unit: _____

INFORMED CONSENT FOR

_____

I, _____, ☐ the Patient, or ☐ (representative of patient _____), have (please tick the correct option above and below)

- read
- been explained this consent form in _____ (name of language) which I fully understand, and understood the information provided about _____ (full name of operation/procedure) given below in this consent form.

Brief description of operation/procedure _____
_____
_____

Intended benefits

1. Relief from diagnosed illness
2. _____
3. _____
4. _____
5. _____
6. _____

I understand that all procedures carry certain risks. The potential risks and complications from this procedure are:

1. Bleeding
2. 2. Infection
3. _____

4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

I have been explained the implications of not undergoing this procedure and the alternative methods of treatment like

1. _____
2. _____
3. _____
4. _____

I am now aware of the intended benefits, possible risks & complications, and available alternatives to the said operation/procedure. I am also aware that results of any operation/procedure can vary from patient to patient; and I declare that no guarantees have been made to me regarding success of this operation/procedure. I am aware that while the majority of patients have an uneventful operation and recovery, few cases may be associated with complications. I am aware of the common risks and complications associated with this operation/procedure and understand that it is not possible to list all possible risks and complications of any operation/procedure.

I also understand that sometimes a planned operation/procedure may need to be postponed or cancelled if a patient's clinical condition worsens or due to any unforeseen technical reason. I am also aware that I can withdraw my consent at any point of time at my own risk and consequence, by submitting the withdrawal in writing.

I understand that if medical emergencies demand, further or alternative operative/ procedural measures may need to be carried out, and in such cases there may be differences in the planned and actual operation/procedure. I am aware that I may require administration of blood and/or blood products during or after the operation/procedure as found necessary by the doctor (for which a separate consent shall be obtained).

I am now also aware that during the course of this operation/procedure the doctor will be assisted by a medical and paramedical team, and that the doctor may seek consultation/assistance from relevant specialists if the need arises.

I agree to observing, photography (still/video/televising) of the procedure (including relevant portions of my body) including my diagnosis/reports (pathology, radiology, etc), for academic/ medical/medico-legal purposes, provided my identity is not revealed

by such acts. I also agree to my clinical details being shared for scientific publications if my identity is not disclosed.

I am also aware of the expected course after the operation/procedure and the care to be provided, and understand that sometimes admission to an Intensive Care Unit and/or extension of duration of hospitalization may be required and/or there may be requirement of extra medicines or treatments, thereby leading to increase in the treatment expenses, depending upon the body's response to the treatment/procedure.

I authorize the hospital for disposal of any tissue or body part that may be removed from my body in the appropriate manner during and for the purpose of conducting this operation/procedure.

I declare that I have received & fully understood the information provided in this consent form, that I have been given an opportunity to ask questions relating to my ailment, the operation/procedure being performed, its risks, consequences, alternatives, potential complications and intended benefits and recovery, and that all my questions have been answered to my entire satisfaction and there are no misconceptions or false hopes in my mind. I further declare that all fields (of this form) requiring insertion or completion were filled in my presence at the time of my signing this form.

For the above mentioned operation(s)/procedure(s) that I have been made aware of, I give my consent voluntarily to Dr. _____ (name of doctor performing the operation/procedure) for carrying out the said operation/procedure on ☐ myself or ☐ my above named patient being fully aware of the nature, potential risks and complications, intended benefits and possible alternatives.

I, the above named Patient/named patient's representative, do further hereby declare that I am above 18 years of age as on the date of signing this form, mentally sound and am giving consent without any fear, threat or false misconception.

Signed on _ _/_ _/_ _ _ _ at _ _:_ _ AM/PM

	Signature / Thumb Impression	Name
Patient		
Surrogate/Guardian (if applicable#)		(Write name & relationship with patient)
Reason for surrogate consent	Patient is unable to give consent because:	
Witness		
Interpreter (if applicable)		

#Only if Patient is a minor or unable to give consent

I, the undersigned doctor, have explained the nature, potential risks and complications, intended benefits, expected post - procedure course, and possible alternatives to the planned operation/procedure, to the patient/patient representative. I am confident that he / she has understood the information fully as described in this document.

Consent obtained by^

Dr._____ Designation & Dept._____
Signature:_____

^ (being person performing the procedure or member of his /her team)

Disclaimer

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