

Hopital Name:

Doctor-in-charge / Principal Surgeon / Principal Interventionist:

Dr.

Qualification:

Address:

Phone:

Email:

Consent Form

Information about the patient:

Name: Mr./Ms./Mrs.

Age:Years

Address:

Information about the patient's guardian (proxy consent) :

(This clause should be filled and the guardian should sign this consent only in case of incompetent patients i.e. minors, old aged, unconscious, mentally unfit, disoriented patients)

Name: Mr./Ms./Mrs.

Address:

Phone no.

Relationship with the patient, if any:

[A person accompanying an unrelated patient should write '**Unrelated-accompanying**' and when consent is given by higher authorities of a hospital, designation such as '**Medical Superintendent**' or '**Medical Director**' must be written.]

Scheduled date for the proposed intervention / procedure / surgery:

Doctor-in-charge / Principal Surgeon / Principal Interventionist:

Name:

Qualification:

Patient's / Guardian's Signature / Thumbimpression:.....

Patient's / Guardian's Name:

Name/s of the proposed treatment / intervention / procedure / surgery:

a.

b.

c.

d.

I, the undersigned, do hereby state and confirm as follows:

1. I have been explained the following in terms and language that I understand. I have been explained the following in **(name of the language or dialect)** that is spoken and understood by me.

2. I have been explained; I have been provided with the requisite information; I have understood; and thereafter I consent, authorize and direct the above named doctor-in-charge / principal surgeon / principal interventionist and his / her team with associates or assistants of his / her choice to perform the proposed treatment / intervention / procedure / surgery mentioned hereinabove.

3. I have been explained and have understood that due to unforeseen circumstances during the course of the proposed treatment / intervention / procedure / surgery something more or different than what has been originally planned and for which I am giving this consent may have to be performed or attempted. In all such eventualities, I authorize and give my consent to the medical / surgical team to perform such other and further acts that they may deem fit and proper using their professional judgment.

4. I have been explained and have understood the alternative methods and therapies of the proposed treatment / intervention / procedure / surgery, their respective benefits, material risks and disadvantages.

5. I have been explained and have understood that the proposed treatment / intervention / procedure / surgery has certain material risks / complications and I have been provided with the requisite information about the same. I have also been explained and have understood that there are other undefined, unanticipated, unexplainable risks / complications that may occur during or after the proposed treatment / intervention / procedure / surgery.

6. I state that the doctor-in-charge / principal surgeon / principal interventionist has answered all my questions to my satisfaction regarding the proposed treatment / intervention / procedure / surgery.

7. I have been explained and have understood that despite the best efforts there can be no assurance about the result of the proposed treatment / intervention / procedure / surgery. I further state and confirm that I have not been given any guarantee or warranty about the results of the proposed treatment / intervention / procedure / surgery.

8. I have been explained and have understood that despite all precautions complications may occur that may even result in death or serious disability.

9. I have been advised of the option to take a second opinion from another doctor regarding the proposed treatment / procedure / surgery.

Patient's / Guardian's Signature / Thumbimpression:.....

Patient's / Guardian's Name:

10.I state that after explaining, counseling and disclosures I had been given enough time to take decision for giving consent.

11.I have signed this consent voluntarily out of my free will and without any kind of pressure or coercion.

Date & Time of giving consent:

Patient's / Guardian's Signature / Thumb impression:

Patient's / Guardian's Name:

Witnesses:

(Not compulsory. This part should be filled only in high risk cases; or when the patient / patient's guardian is illiterate or not conversant with English; or when the patient has been unable to personally sign this consent for any reason.)

We confirm that the aforesaid has been explained to the patient / patient's guardian in the terms and language that the patient / patient's guardian understand in our presence. We further confirm that the patient / patient's guardian has put his / her signature / thumb impression on this consent in our presence.

Witnesses No. 1's Signature:

Witnesses No. 1's Name:

Witnesses No. 2's Signature:

Witnesses No. 2's Name:

Doctor-in-charge / Principal Surgeon / Principal Interventionist's Signature:

.....

Patient's / Guardian's Signature / Thumbimpression:.....

Patient's / Guardian's Name: