

<p>For staff use only:</p> <p>Surname:</p> <p>First names:</p> <p>Date of birth:</p> <p>Hospital no:</p> <p>Male/Female:</p> <p>(Use hospital identification label)</p>

CONSENT FORM

Elective day-case cardioversion

Statement of Dr Christopher Allada

I have explained the procedure to the patient. In particular, I have explained:

- How it will be performed
 - The intended benefits of the procedure
 - Any serious or frequently occurring risks including those specific to the patient

- Any extra procedures that might become necessary during the procedure
 - Blood transfusion
 - Other procedure

I have discussed what the treatment / procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

- An information leaflet has been provided

Date:

.....

Dr Christopher Allada

Important notes: (tick if applicable)

- The patient has withdrawn consent (ask patient to sign/date here)
- See also advance directive/living will (eg Jehovah's Witness form)

Statement of the interpreter (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe s/he can understand:

Interpreter's signature Name (PRINT): Date :

CONSENT FORM

For staff use only:

Surname:
First names:
Date of birth:
Hospital no:
Male/Female:
(Use hospital identification label)

Elective day-case cardioversion

Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should have a patient information sheet, which described the benefits and risks of the proposed treatment. If not, you will be offered a copy now. Do ask if you have any further questions. The staff are here to help you.

You have the right to change your mind at any time before the procedure is undertaken, including after you have signed this form.

Training doctors and other health professionals is essential to the continuation of the Health Service and improving the quality of care. Your treatment may provide an important opportunity for such training under careful supervision of a senior personnel. You may, however, decline to be involved in the formal training of medical and other students without this adversely affecting your care and treatment.

I agree to the procedure (or course of treatment) described on this form.

I understand that you cannot give me a guarantee that Dr Allada will perform the procedure. The person will, however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this.

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures that **I do not wish, without further discussion, to be carried out.**

.....
.....

Patient's own signature: **Date:**

Name (PRINT):

If the patient is unable to sign but has indicated his/her consent, a witness should sign below. Young people may also like a parent to sign here.

Witness's own signature: **Date:**

Name (PRINT):

Confirmation of consent

I have confirmed that the patient has no further questions and wishes the procedure to go ahead.

Name Signature Date: