

PATIENT INFORMED CONSENT FORM

1. I, the undersigned _____

(Full names), hereby give my consent for the performance of the following:

_____ **[insert name of procedure]**,

operation/procedure/treatment/process, upon myself/my spouse/ my dependant

_____ **[insert name]**.

2. My physician has provided me with a general explanation of the nature of this operation/procedure/treatment/process and the reasons for its indication for my particular medical condition.

3. My physician has also discussed with me the risks and benefits of the operation/procedure/treatment/process. Some of these risks include, but are not limited to, the following
[describe risks and benefits]

4. My physician has also explained that I can generally expect the following consequences and complications as a natural result of the undergoing intervention (some of which are attendant to an invasive procedure). Although some of these may not occur, including but not limited to, the following:
[describe consequences and/or complications]

5. My physician has explained alternatives to undergoing this operation/treatment/procedure/process including alternative operative measures that may be deemed necessary or desirable during the course of this operation/procedure/treatment/process, also inclusive of:
[describe alternatives]

6. I furthermore grant consent to the administration of a general or other anaesthetic for the purposes of the said operation/procedure/treatment/process or alternative operative procedures. I moreover hereby grant consent to any

radiological or diagnostic examination/laboratory tests/hospital services that are medically indicated or that the doctors may prescribe.

7. Blood transfusion

I hereby consent/do not consent to a blood/blood product transfusion to myself/the patient upon the instruction of the said medical practitioner (delete non-applicable).

7. My physician has also explained to me that other physicians and health care providers will participate in my care. I therefore extend this authorisation to these other physicians and health care providers. Although unlikely, in the event that my physician is not available to perform the above operation/procedure/treatment/process, I understand that this authorisation is extended to them. If possible, however, I will be notified of the substitution.
[this clause is optional]

8. I acknowledge that I have been informed of my/ the patient’s health status, the range of diagnostic procedures and treatments generally available to myself / the patient, the benefits, risks, costs and consequences generally associated with each option, my / the patient’s right to refuse health services and the implications, risks and obligations of such refusal.
[this clause is included in compliance with section 6 of Act 61 of 2003]

9. After discussing all of the above, my physician gave me an opportunity to ask questions and seek further information regarding to above items. I believe that I do not require further information at this time, and I am prepared to proceed with the recommended operation/treatment/procedure/process. I believe that my physician has honoured my/ the patient’s right to make my/the patient’s own informed health care decision, give my consent voluntarily and freely, and certify that I can give valid consent. I understand that I can revoke this consent at any time up until the time the operation/treatment/procedure/process is started.

10. I acknowledge that I/the patient has been informed of all the above in a language understood by me/the patient

SIGNED AT THIS DAY OF 20 ...

SIGNATURE OF PATIENT
Signature of patient/parent/spouse/guardian
Curator/mandated person/ grandparent/adult child/
Brother/sister (Specify capacity of signatory)
(See section 7 of Act 61 of 2003)

WITNESS 1WITNESS 2