



Form D: Patient consent to anaesthesia

Affix hospital identification here	Affix patient identification label here
Patient consent to anaesthesia	

Proposed Treatment/procedure/investigation

List the proposed treatment(s)/procedure(s)/investigation(s) to be performed ('referred to as "Treatment" in this form) for which the anaesthetic is being provided:

.....

.....

.....

Tick the proposed anaesthetic technique/s to be performed:

General anaesthesia Spinal anaesthesia Epidural anaesthesia/analgesia Nerve blocks Other

If other, please specify:

Provision of written information

The following information sheet/s relevant to the proposed anaesthetic have been provided:

Procedure Specific Information Sheet (PSIS) No PSIS available Other (please specify):

.....

Risks and complications

Risks and benefits discussed with the patient include:

.....

.....

.....

.....

Signature of anaesthetist obtaining consent

Risks and benefits of the anaesthetic have been discussed with the patient and relevant consent discussions are documented within this form and within the patient's medical record should additional space be required.

Anaesthetist's full name (print)

Position/title

Anaesthetist's signature Date Time

Patient's declaration

1. I understand that the anaesthetist who discussed the anaesthetic with me for consent purposes may not be the anaesthetist who provides the anaesthetic.
2. The risks and potential complications that are specific to me have been explained to me by the anaesthetist.
3. I have been given the opportunity to ask questions about the anaesthetic and my specific queries and concerns have been answered.
4. I understand that if immediate life-threatening events happen during the procedure, I will be treated accordingly.
5. I understand that I have the right to change my mind at any time before the anaesthetic procedure is undertaken, including after I have signed this form. I understand that I must inform my anaesthetist if this occurs.
6. I consent to receive the anaesthetic as documented on this form.

Patient's full name (print)

Patient's signature Date Time

Interpreter's declaration (if applicable)

Specific language services required

I declare that I have interpreted the dialogue between the patient/person(s) responsible and anaesthetist to the best of my ability and have advised the anaesthetist of any concerns about my interpreting of this dialogue.

Interpreter's full name (print)

Agency name NAATI number

Interpreter's signature Date Time

Interpreting took place: in person or via phone/videoconference

Review of consent prior to the procedure (if applicable)

I confirm that the patient's consent and clinical condition has been reviewed and the anaesthetic, as discussed with the patient and documented on this form, is still appropriate to be undertaken.

Anaesthetist's full name (print)

Position/title

Anaesthetist's signature Date Time

I confirm that the request and consent for the anaesthesia above remains current and I am satisfied that I have enough information to make this decision.

Patient's signature Date Time