# Anaesthesia Consent Form

Informed consent. The anaesthetist fills the treatment details and explains them; the patient or their representative signs.

## Clinic and clinician

HOSPITAL OR CLINIC

ANAESTHETIST NAME

REGISTRATION NO. (MEDICAL COUNCIL)

PATIENT ID / UHID

## Patient

PATIENT FULL NAME

EMAIL

DATE OF BIRTH

GENDER

PHONE

## Proposed treatment

PROCEDURE

DATE

ANAESTHESIA TYPE

ASA GRADE

Anaesthesia keeps you free of pain during the procedure. The anaesthetist will monitor your breathing, heart and blood pressure throughout and manage pain afterwards.

## Risks

Every treatment carries some risk. The common and the serious ones for this treatment include:

- Nausea, vomiting, sore throat or shivering
- Headache or back pain after spinal or epidural
- Damage to teeth, lips or tongue from airway tubes
- Allergic reaction to drugs
- Awareness during general anaesthesia (rare)
- Nerve injury, stroke, heart attack or death (very rare)

RISKS SPECIFIC TO THIS PATIENT

## Alternatives

- Another type of anaesthesia, where safe for the procedure
- Postponing the procedure

## Your health

**Have you eaten or drunk anything in the last 6 hours?**

○ No ○ Yes

**Do you have loose teeth, dentures or caps?**

○ No ○ Yes

**Do you snore heavily or have sleep apnoea?**

○ No ○ Yes

**Has anyone in your family had a problem with anaesthesia?**

○ No ○ Yes

ALLERGIES, CURRENT MEDICINES, OR DETAILS OF ANY "YES"

## Consent

EXPLAINED TO ME IN

SIGNED BY

REPRESENTATIVE NAME (IF NOT PATIENT)

RELATIONSHIP

- The anaesthetist has explained the treatment, its purpose, risks and alternatives in a language I understand, and answered my questions.
- I understand no result can be guaranteed.
- This consent covers only the treatment described. If an unexpected problem arises during it that puts life or health at immediate risk, the team may do what is needed to deal with it and will explain afterwards.
- I may withdraw this consent at any time before the treatment starts.

☐ I give my consent to the treatment described above.

**Patient**

SIGNATURE

PRINTED NAME

DATE

**Anaesthetist**

SIGNATURE

PRINTED NAME

DATE