# General Medical Treatment Consent

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

## Clinic and clinician

HOSPITAL OR CLINIC

DOCTOR NAME

REGISTRATION NO. (MEDICAL COUNCIL)

PATIENT ID / UHID

## Patient

PATIENT FULL NAME

EMAIL

DATE OF BIRTH

GENDER

PHONE

## Proposed treatment

DEPARTMENT

TYPE OF VISIT

PROVISIONAL DIAGNOSIS

This covers routine care: physical examination, blood and urine tests, X-rays and ultrasound, injections, IV fluids, dressings and prescribed medicines. Surgery, anaesthesia, blood transfusion and high-risk procedures need a separate, specific consent.

## Risks

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

- Pain, bruising or rarely infection at injection or drip sites
- Allergic or side reactions to medicines
- Discomfort during examination

RISKS SPECIFIC TO THIS PATIENT

## Alternatives

- Declining any specific test or medicine, after discussing the effect on diagnosis
- Seeking a second opinion or care elsewhere

## Your health

**Do you have any drug allergy?**

○ No ○ Yes

**Are you pregnant or breastfeeding?**

○ No ○ Yes

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

☐ Students and trainees may be present during my care under supervision. (Leave unticked to refuse.)

## Consent

EXPLAINED TO ME IN

SIGNED BY

REPRESENTATIVE NAME (IF NOT PATIENT)

RELATIONSHIP

- The doctor 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

**Doctor**

SIGNATURE

PRINTED NAME

DATE