



INFORMED CONSENT TO PROCEDURE

Full name and surname: _____

Substitute decision maker full name and surname if applicable: _____

I, the patient, by signing this form, confirm that:

1. **The healthcare professional has spoken to me about my health status (i.e. how my health appears to be or how he or she has evaluated my health).**

He or she has explained that I have the following condition:

2. **The healthcare professional has also spoken to me about the diagnostic procedures and treatment options generally available.**

It has been explained to me what the available options of healthcare are, and I understand these options and have consented to the operative procedure or treatment plan, described below:

3. **I have been told about the benefits, risks, costs and consequences generally associated with each option.**

I understand what this healthcare means, and what it will take from me I understand that, specifically, I have also considered things such as treatment duration, importance of taking medication, coming back to the practice as instructed, following self-care and how I must behave or things I must not do.

I understand that during the course of the treatment unforeseen conditions may necessitate different procedures than those explained to me. I therefore authorise the healthcare professional to perform such other emergency procedures that are in exercise of his or her professional judgement necessary.

Having considered the information provided to me, as detailed below, I understand the risks and agree to those risks.

There may be a need for blood or blood products during and after the procedure. I consent to their us.

I understand that the pricing or fees and payment related to the healthcare is subject to the agreement I have reached with the practice. The general terms relating to private patients (i.e. non-medical scheme) are available on request from the practice. The terms and tariffs applicable to medical scheme patients vary from scheme to scheme, and even from option to option. I must obtain those details from my scheme. I have been informed of the fees charged by the healthcare professional, and that certain fees and costs are excluded from that fee, such as the hospital (admission, ward, theatre and other fees), anaesthetists, pathologists, radiologists (for x-rays and scans) and therapists involved in my care.

I will have to discuss the fees with them. I also understand that the healthcare sometimes requires more than what was anticipated, and the healthcare professional will bill for all such healthcare reasonably rendered.

4. **I have been told about my rights to refuse health services and I understand the implications, risks, obligations of such refusal**

I was able to ask questions and raise concerns with the healthcare professional about my health status, the treatment and its risks, and my treatment options.

I understand that I can refuse healthcare at any stage, but also understand that if I refuse, it may be consequences of the refusal to me, which may be more severe than any risks I may face. These consequences have been explained to me. If I refuse healthcare, I will then not hold the healthcare professional liable for any of those consequences, should they happen. If I refuse, I must still pay for the healthcare I have received up to that refusal.

Initial here

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DR JACQUES DOUBELL

The healthcare professional has explained to me that if immediate life-threatening events happen during the treatment, they will be treated accordingly.

I understand that no guarantee has been made that the treatment will improve my condition. Healthcare results also depend on how one's body reacts to the treatment.

I agree to follow the instructions provided to me by the healthcare professional and/or come for follow-up visits. If I do not do this, I accept responsibility for the consequences and I undertake not to hold the practice and its staff liable for any negative consequence.

5. Specific/ Additional Procedure Notes

I consent to have the treatment.

Signed at: _____ **Date:** _____

Signature: _____

Signature of substitute decision maker: _____

Healthcare professional's declaration:

I confirm that I have discussed the following with the patient: (a) the patient's condition and prognosis; (b) the need for treatment; (c) the relevant treatment options and their risks; (d) the likely consequences if those risks occur; (d) the relevant risks, problems specific to this patient, costs and right of refusal.

I have given the patient or substitute decision-maker an opportunity to ask questions about any of the above matters and raise any other concerns, which I have answered as fully as possible. I have provided the patient with additional patient information in terms of his/her condition.

I am of the professional opinion that the patient or substitute decision-maker has understood the information given and has made an informed decision regarding the treatment.

Healthcare professional's name: _____

Healthcare professional's signature: _____ **Date:** _____

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