

## GENERAL CONSENT FORM

1.

### CONSENT FOR MEDICAL TREATMENT

I, \_\_\_\_\_  
(Name of Patient or Substitute Decision Maker) hereby CONSENT to undergo the treatment/procedure/operation of

to be performed on \_\_\_\_\_ (me/patient name)

proposed by \_\_\_\_\_ (Name of Health Practitioner), to be performed by

\_\_\_\_\_ (Name of Health Practitioners or his/her delegate)

\_\_\_\_\_ (Name of Health Practitioner) has explained to me the nature of the treatment/procedure/operation, the expected benefits of the treatment/procedure/operation, the material risks of the treatment/procedure/operation, the material side effects of the treatment/procedure/operation and the alternative courses of action including the likely consequences of not having the treatment/procedure/operation.

I also consent to such additional or alternative procedures as may be necessary or medically advisable during the course of such procedures.

In addition, I consent to the administration of such anaesthetics as are necessary by an anaesthetist.

I understand the explanation and am satisfied that my questions have been answered.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PATIENT (OR SUBSTITUTE DECISION MAKER, IF APPLICABLE)

\_\_\_\_\_  
NAME (Please print)

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
NAME OF WITNESS (Please print)

2.

### CONSENT TO BLOOD TRANSFUSION

\_\_\_\_\_ (Name of Health Practitioner) has explained to me the nature of a blood transfusion(s) and/or the administration of blood products, the expected benefits of the transfusion(s) and/or the administration of blood products, the material risks of the transfusion(s) and/or the administration of blood products, the material side effects of the transfusion(s) and/or the administration of blood products.

☐ I understand the explanation and am satisfied that my questions have been answered. I hereby **CONSENT** to the transfusion(s) and/or the administration of blood products.

☐ I understand the explanation and am satisfied that my question have been answered. I hereby **REFUSE CONSENT** to the transfusion(s) and/or the administration of blood products.

DATED this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PATIENT (OR SUBSTITUTE DECISION MAKER, IF APPLICABLE)

\_\_\_\_\_  
NAME (Please Print)

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
NAME OF WITNESS (Please Print)