



GENERAL CONSENT FOR SURGICAL PROCEDURES

You have been given information about your condition and the recommended surgical, medical or diagnostic procedure(s) to be undertaken. This consent form is designed to provide a written confirmation of such discussions by recording some of the more significant medical information given to you. It is intended to ensure that you are appropriately informed so that you may give or withhold your consent to the proposed procedure(s) as you see fit

Condition:

Dr _____ has explained to me that I have the following condition(s):

Proposed Procedure(s): I understand that the procedure(s) proposed for my condition is/are:

Risks/Benefits of Proposed Procedure(s):

There may be benefits to the procedure(s) proposed; I also understand that surgical procedures involve risks. These risks include: allergic reactions, bleeding, blood clots, infections, adverse drug side effects and loss of bodily function(s) or life, as well as risks of transfusion reactions and the transmission of infectious disease, including Hepatitis and Acquired Immune Deficiency Syndrome from the administration of blood and/or blood components.

I also realize that there are particular risks associated with the procedure(s) proposed for me and that these risks include, but are not limited to, those above.



PERTH
UROLOGY
CLINIC

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Complications; Unforeseen Conditions; Results:

I am aware that in the practice of medicine, other unexpected complications not discussed may occur. I also understand that during the course of the proposed procedure(s) unforeseen conditions may be revealed requiring assessment and/or treatment with additional procedures, and I authorize such procedures to be performed if deemed necessary at the time. I further acknowledge that no guarantees or promises have been made to me concerning the results of any procedure or treatment and that I understand the likelihood of any benefit to me.

Acknowledgments:

The available alternatives and the potential benefits and risks of these procedures have been explained to me. I also realize that there are risks associated with not undertaking the procedure and that these risks have been explained to me as well. I clearly understand what has been discussed as well as the contents of this consent form, and I have been given the opportunity to ask questions and have received satisfactory answers.



Consent to Procedure(s) and Treatment:

Having read this form and talked with my doctor(s), my signature below acknowledges that:

I voluntarily give my authorization and consent to the performance of the procedure(s) described above (including the administration of blood and disposal of tissue) by my surgeon assisted by hospital personnel and other trained persons.

Signature of Person giving Consent

Date

Patient Name (or Name of Authorized Person/Guardian if patient unable to give consent)

Surgeon

Date

Name

Stamp