

## PROCEDURE CONSENT FORM

### PAITENT:

Mr/Mrs/Ms SURNAME:.....

FIRST NAME:..... MIDDLE NAME: .....

DOB: .....

The Doctor has explained that I have the following conditions: \_\_\_\_\_

The following procedure will be performed: \_\_\_\_\_

Site: \_\_\_\_\_

### **RISKS OF THIS PROCEDURE:**

This is a routine procedure with some recognised risks which include:

- Rare local anaesthetic side-effects including severe allergy, cardiac or central nervous system complications
- The wound may become infected/ require antibiotics
- The wound may 'break down' or fail to heal as expected

*The above risks increase with age, obesity, some anatomic sites, vascular issues, certain medications, diabetes and smoking.*

There will be scaring – this is inevitable when the skin is cut. It is part of the normal healing process. The doctor will endeavour to minimise potential scaring as much as possible, generally anticipating scar improvement overtime, however:

- The wound may heal and then stretch as time goes on
- The wound may heal with a thickened scar tissue which may be discoloured
- The scar and surrounding skin tissue may feel either numb or more sensitive. This usually resolves, but may be ongoing
- The edges of the wound may not be in perfect alignment

*Scars vary between individuals and there is no guarantee as to the final outcome.*

- In certain parts of the body, there is the possibility of damaging nerves or blood vessels. This can have effects that are prolonged or even life-long. The potential for this will be specifically explained prior to the procedure.
- Despite the intent of the doctor to eradicate all pathology with this surgery, further treatment may be necessary. This will usually mean a surgical procedure.
- *If relevant to this procedure;* a skin graft or skin flap may fail to survive/produce a colour or contour mismatch with the surrounding skin.
- Other: (document as required).

**I acknowledge that:**

- The doctor has explained relevant treatment options as well as the risks of not having the procedure.
- The doctor has explained any significant risks/problems specific to me as well as the likely outcomes if complications arise.
- The doctors offered me the opportunity for being referred to a specialist.
- I was able to ask questions and raise any concerns with the doctor about my condition, the procedure, its risks and my treatment options. My questions/concerns have been discussed and answered to my satisfaction.
- The doctor has explained the billing and informed me of the out of pockets expenses which may be associated with this procedure.
- I have considered and understood all of the procedural risks, benefits and the alternatives. I consent to this procedure.

On the basis of the above statements being true,

**I, \_\_\_\_\_, REQUEST TO HAVE THE PROCEDURE**

Patient(/Guardian)Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*\* I declare that I have personally explained the nature of the patient's conditions, the need for treatment - the options available, the procedure to be performed, as well as the risks, benefits of the procedure and available alternatives to the treatment.*

*I have given the patient (named above) an opportunity to ask questions which I have answered as fully as possible.*

**Doctors Name:** \_\_\_\_\_

**Doctors Signature:** \_\_\_\_\_

**Procedure Date:** \_\_\_\_\_