

Hosp No. :	HKID No.:
Case No. :	
Name :	
DOB :	M / F
Adm Date :	
Contact No. :	

Consent For Anaesthesia

A. Person(s) Signing This Form (The Signatory)

The patient is named at the top right hand corner of this form.

The signatory signing this form is / are: *(Please tick "☑" as appropriate)*

- The patient.
- The parent or guardian of the patient who is a minor (age under 18).
- The patient's legal guardian appointed under Mental Health Ordinance (MHO) with power to consent to the proposed operation / invasive procedure.

Full Name(s) of Parent or Guardian

HKID Card / Identity Document No of Parent or Guardian

B. Name Of The Operation / Medical Treatment / Procedure

C. Type Of Anaesthesia (Please tick "☑" as appropriate)

- General Anaesthesia
- Monitored Anaesthesia Care / Sedation
- Regional Anaesthesia (Please specify: Spinal Epidural Plexus)
- Epidural Analgesia
- Others (Specify): _____
- Possible Combinations of the Above

D. Explanation Of The Anaesthesia

The anaesthetist, who signs this form, has explained the nature, effects, benefits, general / specific risks and complications of the anaesthesia to the signatory. The anaesthetist has explained risks may be increased due to co-existing medical problems of the patient. The anaesthetist explained minor problems are common, including nausea and vomiting, general aches and pain, headaches, and sore throat. Damage to teeth and lips may occur. The anaesthetist has also answered any questions and enquiries raised by the signatory.

Specific anaesthetic risks and complications associated with co-existing medical problems, the proposed surgery, anaesthetic or post-operative pain relief including low probability serious consequence risks and complications are explained *(Please specify if applicable)*

E. Information Sheet(s) (Please tick "☑" if applicable)

- I confirm that I have been provided with an information sheet on the anaesthesia (copy attached), that I have reviewed and fully understand the contents.



