

Consent For Operation / Medical Treatment / Procedure

<p>Name: _____</p> <p>Hosp. No: _____</p> <p>HKID No: _____</p> <p>Sex/Age: _____ DOB: _____ or _____</p> <p>Doctor: _____</p>	<p>Hosp No. : _____ HKID No.: _____</p> <p>Case No. : _____</p> <p>Name : _____</p> <p>DOB : _____ M / F</p>
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For Clinic Use

Please affix out-patient label

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. Operation / Medical Treatment / Procedure

Name and nature of the operation / medical treatment / procedure for the patient:

C. Any Risks / Complications Associated With An Operation / Medical Treatment / Procedure (If applicable)

D. Local Anaesthesia / Sedation To Be Given By Performing Doctor (Please tick "☑" as appropriate)

- No Anaesthesia Not Applicable (Please refer to 'Consent for Anaesthesia')
- Local Anaesthesia Intravenous Sedation Others (Please specify): _____

Risks / Complications Associated With Anaesthesia (If applicable)

E. Any Consequential Procedure(s) Which May Become Necessary During / Following The Operation / Medical Treatment / Procedure (Please tick "☑" as appropriate)

- Not applicable Blood Transfusion Intensive Care
- Other Procedure(s) (Please specify): _____

F. Any Additional Treatment That Requires Prior Consent From The Patient Before Proceeding The Procedure / Operation (If applicable)

G. Information Sheet (Please tick "☑" if applicable)

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



