



Patient's Name:

Procedure: Anaesthetist:

General Anaesthesia Sedation Regional

The following anesthetic issues have been discussed with me:

The potential benefits Substantial and significant risks Options

Although modern anaesthesia is generally very safe, no anesthetic is without risks of complications, however minor. In extreme cases, even death is possible. Your anaesthesia provider is a skilled specialist trained to monitor you during your procedure and to make your anaesthesia as safe as possible.

No promises were made to me about the outcome of the above procedure(s). I understand that during the course of the anesthetic, unforeseen conditions may necessitate additional or different procedures than those explained. I agree that my anaesthesia care provider(s) may perform such procedures as are, in his/her professional judgment, necessary and desirable for my well-being.

I am satisfied with the explanations I have received. I have had the opportunity to ask questions and have all my questions answered to my satisfaction. I understand there are risks of substantial and serious harm. I also understand that in order to receive the safest care possible, it is important for me to give a complete medical and surgical history to the health care providers who are caring for me.

I certify that to the best of my knowledge, I have provided in detail my medical and surgical history including the following information:

- All medical problems
- Previous surgical procedures
- Any recent illness
- Food allergies (including the type of reaction)
- Medication allergies (including the type of reaction)
- Surgical implants
- Smoking and recreational drug use (*including alcohol*)
- Past experiences with anaesthesia (*personal or family*)
- Current medications (*including all over the counter medicines, herbs, alternative complementary medicines, vitamins, and prescription medicines*)

I agree that persons approved by the facility may watch my procedure for educational reason. **I agree** to photos and videos. I understand that my identity will be protected. These actions are part of medical education and quality improvement. **I also understand and agree** that practitioners other than the above listed anaesthesia provider(s), including but not limited to residents, and possibly other medical providers who are not physicians, may be performing important tasks related to the procedure under the supervision of the responsible anaesthesia provider. I understand the health care providers involved in my care, including those providing anaesthesia services, may not be agents or employees of the facility and that the facility is not responsible for their actions or inaction.

I HAVE READ AND UNDERSTAND THIS CONSENT INFORMATION.
 MY QUESTIONS HAVE BEEN ANSWERED SATISFACTORILY.
 I ACCEPT THE RISKS INVOLVED IN HOPES OF OBTAINING BENEFICIAL RESULTS.

I will not drive within 24hr of my procedure.

The person collecting me from the facility is:

Name: Relationship: Contact number:

Date:

Patient Signature
or Representative
Signature

Date:

Witness Signature:

Time:

Time:

Relationship of Representative to Patient: