DH Department of Health

Blackpool Teaching Hospitals NHS
NHS Foundation Trust

Use black biro to complete form.

Patient agreement to investigation or treatment

CONSENT FORM 1

Responsible health professional ____________________

Job title ____________________

Write patient details or affix Identification label

Hospital Number:
Name:
Address:

Date of Birth:
NHS Number:

Special requirements: ____________________ *(eg other language/other communication method)*

All patients about to undergo **any** elective or emergency surgical or endoscopic procedure likely to involve contact with tissues of **medium or low level infectivity** should be asked the question:-
"Have you ever been notified that you are at increased risk of Creutzfeldt-Jakob disease (CJD) or variant Creutzfeldt-Jakob disease (vCJD) for public health purposes?" If the patient's response is No, proceed using normal infection prevention measures.
If the answer is Yes, please ask the patient to explain further and consult the Infection Prevention Team for advice.
If the procedure is likely to involve contact with **tissues of potentially high level infectivity** (Brain, spinal cord, implanted dura mater grafts prior to 1992, cranial nerves and ganglia, pituitary gland and posterior eye (specifically: posterior hyaloid face, retina, retinal pigment epithelium, choroid, sub retinal fluid and optic nerve) the following questions should be asked:-
1. Have you a history of CJD or other prion disease in your family?
2. Have you ever received growth hormone or gonadotrophin treatment?
3. Have you ever had surgery on your brain or spinal cord?

If the answer to any of these questions is Yes, please discuss with the consultant in charge of the case and consult the Infection Prevention Team for advice.

Name of proposed procedure or course of treatment

(include brief explanation if medical term not clear)

....

....

Statement of health professional (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient. In particular, I have explained:

The intended benefits ....

....

....

Significant, unavoidable or frequently occurring risks ....

....

Any extra procedures which may become necessary during the procedure

☐ blood transfusion ☐ other procedure (please specify)

....

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

☐ The following leaflet/tape has been provided ....

This procedure will involve: ☐ general and/or regional anaesthesia ☐ local anaesthesia ☐ sedation

Signed .... Date ....

Name (PRINT) .... Job title ....

Contact Details (if patient wishes to discuss options later)

Statement of interpreter (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand.

Signed .... Date ....

Name (PRINT) ....

Bottom copy accepted by patient: yes / no (please ring)

Patients Notes

VS 764 (R10) 05.13

Approved by the Health Records Committee 16/4/2013

Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy of page 1 which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

....

....

....

Patient's signature .... Date ....

Name (PRINT) ....

A witness should sign below if the patient is unable to sign but has indicated his or her consent.
Young people/children may also like a parent to sign here (see notes).

Signed .... Date ....

Name(PRINT) ....

Confirmation of consent

(to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signed .... Date ....

Name(PRINT) .... Job title ....

Important notes: (tick if applicable)

☐ See also advance directive/living will (eg Jehovah's Witness form)

☐ Patient has withdrawn consent (ask patient to sign/date here ....

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