



CONSENT TO A SURGICAL PROCEEDURE

PART 1. DOCTOR TO COMPLETE

I Dr.

Have explained to

Parent or legal guardian name

That I have recommended having the following procedure

To be performed on

Patient name

Indication: What can be made better or what can be achieved by doing the procedure.

Risks: This is not a comprehensive list but the most likely risks or serious risks are listed below.

Any diagnostic procedure, intervention or operation carries a risk of making things worse. There can be many reasons for this such as damage to a nerve, the brain or spine, bleeding, infection or spinal fluid leak. In general a procedure will only be recommended if the risk of not doing the procedure is higher than having the procedure or if your symptoms are of a nature that you are willing to take these risks.

Choosing not to have the procedure could have the following consequences.

PART 2. PARENT OR LEGAL GUARDIAN TO COMPLETE

I

Full
Name and relationship to the patient

Agree that the following
procedure

Should be performed on

Should a blood transfusion be required I: give consent

do not give consent

The procedure is being done to achieve the following—

What are the reasons for having the procedure?

The cost of the procedure and what I may need to pay has
been explained and agreed to

I understand there is no guarantee of achieving a perfect outcome and that there are risks
involved. Should I not be satisfied with any aspect of my care I agree to a free pre-mediation
process between the doctor and myself as the first step to resolving a dispute.

Doctor
signature

Guardian or
Parent

Date