

**Dr Mark Appleyard
MD FRACP MRCP MBBS BSc**

**Consent Form
Capsule Endoscopy**

Please bring this form with you to sign when you come to see me.

I, _____ (Patient's Name)

Of _____ (Patient's address)

Agree to the proposed procedure of Capsule Endoscopy to be performed at Holy Spirit Northside Hospital

- I have received and read a detailed information sheet about the benefits and risks of capsule endoscopy, including risks that are specific to me and the likely outcomes.
- I understand there is a small risk of the capsule getting stuck, not reaching the large bowel or missing an important finding. Following this surgery, an x-ray or a repeat procedure may be required
- Although this procedure will be carried out with all due professional care and responsibility, I understand that in some circumstances the expected result may not be achieved
- I also understand that complications may occur with any procedure and I accept the possible risks associated with capsule endoscopy
- I have had the opportunity to ask questions about the procedure and I am satisfied with the information I have received
- The estimated costs of performing the procedure have been explained to my satisfaction.
- When a Medicare rebate is obtained, the Department of Health and Ageing and the Health Insurance Commission require us to submit anonymous data about the patient and capsule endoscopy findings. Anonymous data is sometimes also collected for research purposes and may be published in medical journals.

Signature of Patient/Substitute decision maker and relationship*

Date

- I have explained to the patient the reason for performing capsule endoscopy, the benefits and risks specific to the patient. I have explained alternative treatments and have answered questions as fully as possible. I am of the opinion that the patient/substitute decision maker understood the above information

Dr Mark Appleyard

Date

***Substitute decision maker** Under the Power of Attorney Act1998 and/or the Guardianship and administration Act 2000. If the patient is an adult and unable to give consent, an authorised decision maker must give consent on the patient's behalf