

PROCEDURE CONSENT FORM

**PLEASE COMPLETE THIS FORM AND BRING TO THE HOSPITAL
ON THE DAY OF YOUR PROCEDURE**

I (patient's name)

Of (patient's address)

Agree to the proposed procedure of

to be performed by a gastroenterologist of Digestive Diseases Queensland at

..... (medical facility)

- I have received and read a detailed information sheet about the risks of the proposed procedure.
- 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 this procedure.
- I understand that other unexpected procedures may be necessary and I request that these be carried out if required.
- I have had the opportunity to ask questions about the procedure and I am satisfied with the information I have received.
- I have received and understood the estimated costs of performing this procedure. They have been explained to my satisfaction and I understand that these costs are an estimate and subject to variation. I am responsible for the fees incurred.
- I understand my procedure may be observed by another medical practitioner, nursing colleague, student or industry representative.
- **I understand that I must have a responsible adult care for me overnight post procedure. The contact details for that person are as follows:**

Name: _____

Phone: _____

 Signature of patient

Date: _____

 Signature of treating Doctor

Date: _____