

**(for medical treatment, investigation or operation)**  
***This form can also be used for a parent or guardian to give consent  
for treatment to be given to a young person***

**Peartree Medical Centre**

**PATIENT'S DETAILS**

Surname:

.....

First Names:

.....

Date of Birth: ..... Male/Female: .....

**THIS SECTION FOR COMPLETION BY THE CLINICIAN**

This form has been prepared for the treatment, investigation or operation detailed below:

.....  
.....

I confirm that I have explained the above treatment, investigation or operation to the patient, and such options as are appropriate such as the type of anaesthetic (if any) proposed, in terms that in my judgement are suited to their understanding and/or these have been explained to a parent or guardian of the patient.

Signature of clinician: ..... Date: .....

Name of clinician completing the procedure:

.....

**THIS SECTION FOR COMPLETION BY THE PATIENT / PARENT /  
GUARDIAN**

1. I am the patient / parent / guardian (delete as necessary) See \* below for information about consent for children.
2. I agree to the procedure(s) proposed on this form and the clinician named on this form has explained this to me.
3. I agree to have the type of anaesthetic that has been explained to me.
4. I understand that any procedure, in addition to that described on this form, will only be carried out if it proves to be necessary and in my best interests and can be justified for medical reasons.

5. I have explained to the clinician about any procedures listed below which I would not wish to be carried out without the opportunity to consider them first. These include:

.....

6. I have notified the clinician of the following allergies/medications which I am currently taking which may be relevant to my treatment:

.....

Signature of Patient/Parent/Guardian:

.....

Full Name of Patient/Parent/Guardian:

.....

Address (if not the same as patient):

.....

.....

If the **treatment is for a child** and if the child wishes to sign this form, he/she may do so here; see \* below for information about consent for children:

I agree to have the treatment I have been told about.

Date .....

Signature.....

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**Note to clinician:** A patient has the legal right to grant or withhold consent prior to this procedure. Patients should be given sufficient information in a way they can understand, about the proposed treatment and the possible alternatives. The patient's consent to the procedure should be recorded on this form.

**Note to Patient:** The clinician should explain the proposed treatment and any alternatives. You can ask questions and seek further information. You have the right to refuse this treatment. You may ask for a relative, friend or nurse to be present.

**Statement of interpreter** (where appropriate)