## Declaration of anaesthetist obtaining consent (to be completed by the clinician obtaining consent)

Tick the boxes or cross out and initial any changes or information not appropriate to the stated anaesthesia:

- I have informed the patient of the anaesthetic techniques for the proposed procedure noted below, including known benefits and possible complications.
- I have provided the patient with information specific to the anaesthetic techniques indicated below. The patient has been asked to read information provided and ask questions about anything that is unclear. An identifiable copy of the information I have provided to the patient has been kept on the patient’s medical record.
- I have informed the patient of specific anaesthetic risks particular to this patient, as noted below.

### Proposed procedure

List the proposed procedure to be performed

### Anaesthetic techniques

Tick the proposed anaesthetic technique/s discussed:

- General anaesthesia
- Spinal anaesthesia
- Epidural anaesthesia/analgesia
- Nerve blocks
- Blood transfusion
- Central lines

### Disclosure of material risks

Material risks or specific risks particular to this patient that have arisen as a result of our discussions are documented below.

### Signature of anaesthetist obtaining consent

Full name (please print) __________________________ Position/Title __________________________

Signature __________________________ Date __________________________

### Signature of anaesthetist providing anaesthesia (if different to the anaesthetist who obtained consent)

Full name (please print) __________________________ Position/Title __________________________

Signature __________________________ Date __________________________
Patient Consent to Anaesthesia (General or Regional)

<table>
<thead>
<tr>
<th>Affix hospital identification here</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname</td>
</tr>
<tr>
<td>UMRN</td>
</tr>
<tr>
<td>Given names</td>
</tr>
<tr>
<td>DOB</td>
</tr>
<tr>
<td>Sex</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Suburb</td>
</tr>
<tr>
<td>Postcode</td>
</tr>
</tbody>
</table>

**Patient’s declaration**

Please read the information carefully and tick the following to indicate you have understood and agree with the information provided to you. Any specific concerns should be discussed with your doctor or proceduralist performing the procedure **prior to signing the consent form**.

- ☐ The anaesthetist has explained the anaesthetic techniques that may be used for the procedure which is proposed.
- ☐ The risks of the anaesthetic techniques that may be used, including the risks that are specific to me, have been explained.
- ☐ I have been given patient information sheets for my proposed anaesthetic technique.
- ☐ I have had the opportunity to discuss and clarify any concerns about the anaesthetic with an anaesthetist.
- ☐ I understand that a different anaesthetist may give the anaesthetic.
- ☐ I understand that the anaesthetic, in part or whole, may be given by a qualified doctor who is training in anaesthesia.
- ☐ I understand that the specific anaesthetic technique to be used will be confirmed only after I have had discussions with the anaesthetist who is giving the anaesthetic.

**Patient’s full name** ____________________________________________________________

**Patient’s signature** ____________________________________________ Date/Time ____________

**Parent/guardian signature** ____________________________________________ Date/Time ____________

(if desired for mature minor)

**Interpreter’s declaration**

Specific language requirements (if any) ____________________________________________

Interpreter services required: ☐ Yes ☐ No

I declare that I have interpreted the dialogue between the patient and health practitioner to the best of my ability, and have advised the health practitioner of any concerns about my performance.

**Interpreter’s signature** ____________________________________________ Date ____________

**Full name** (please print) ____________________________________________