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Informed Consent for DN^{1[1]} _____ procedure

I, the undersigned: _____
_____ DN^{2[2]}

Hereby, voluntarily and duly informed, authorise my attending doctor, _____
_____ DN^{3[3]} :

to perform the following procedure/s on myself :DN^{4[4]}

The specific nature, extent and purpose of the procedure/s were discussed with, and are understood by, me.
Possible alternative methods of treatment were discussed with, and are understood by, me.
The risks involved and possibility of complications were discussed with, and understood by, me.
The benefit/s of the procedure were also discussed with, and understood by, me.
I also give consent for the use of local or systemic analgesic medication and/or general anaesthesia as may be needed.
I, was given extra printed material to read about: DN^{5[5]}
I understand that photographs or videos of my procedure may be an essential part of my medical record keeping and agree thereto.
I understand that blood or blood products will be discussed with me prior to the ordering of these.
In a life-threatening emergency I have no objection to and agree to receiving blood or blood products subject to the discretion of my attending doctor, _____ DN^{6[6]} and my attending medical team.
I understand that no guarantee is given regarding the safety of the procedure/s and the results that flow therefrom.
I understand that the risks and possible complications associated with the procedure/s and anaesthetic may include but are not limited to:DN^{7[7]}

- Excessive blood loss during the procedure or some ongoing bleeding after the procedure

^{1[1]} Record generically the type of procedure/s for example “gynaecological procedure”
^{2[2]} Include the full name of the patient and the patient’s identity number
^{3[3]} Record the full name of the patient’s attending doctor
^{4[4]} Record the full details of the procedure/s
^{5[5]} List the material or attach the material
^{6[6]} Repeat the full names of the attending doctor
^{7[7]} Amend or replace these lists of risks and possible complications depending on the procedure/s where not generically applicable and record any risks and any possible complications peculiar to the patient in the context of their health position and the procedure to be performed

(PATIENT INITIALS)

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- Joint problems: Joint loosening, instability or dislocation can occur after procedure
- Leg length discrepancy: Sometimes, there may be a difference in leg lengths after surgery
- Nerve injury: Injury to nearby nerves can lead to numbness, weakness or pain
- Fracture: Fracture or breakage of the bone during surgery or in the post-operative period
- Need to abandon or use an alternative incision due to inability to conclude the procedure
- Allergic or untoward reaction to any of the drugs used during or after the procedure
- Unintended trauma due to the infusion needles, tubes and catheters
- Heart, blood pressure, lung and other anaesthetic complications

The estimated cost of the procedure/s was discussed with me. I understand that any other service providers involved in my care will bill me separately. I understand and agree that it is my responsibility to establish how much my Medical Aid, or any similar provider, will contribute towards the procedure/s and my hospitalisation because the final responsibility for payment rests with me.

I am also aware of or have been made aware of the following medical conditions, treatments or allergies that I have, which may be of importance: DN^{8[8]}

I have had sufficient opportunity to ask questions and to decide whether I wish to proceed with the procedure/s.

All communication and this informed consent is in a language which I understand.

In summary I understand, appreciate and consent to the nature, scope, consequences of the risk, dangerous complications and benefits of the procedure/s, the disadvantages and prognosis of the procedure/s, the alternatives to the proposed procedure/s and my right to refuse the procedure/s, anaesthetic and related treatment.

Patient full name: _____

Patient: _____ (signature)

Date: _____ (DD/MM/YYYY)

Health care giver full name: _____

Health care giver: _____ (signature)

^{8[8]} Add appropriate details

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Date: _____ (DD/MM/YYYY)

Witness full name : _____

Witness: _____ (signature)

Date: _____ (DD/MM/YYYY)

Health care giver full name; _____

Health care giver: _____ (signature)

Date: _____ (DD/MM/YYYY)

Informed Consent Drafting Guidelines

The draft informed consent document should be used in combination with these drafting guidelines and as per the drafting notes set out below.

- DN1: Record generically the type of procedure/s for example "gynaecological procedure"
- DN2: Include the full name of the patient and the patient's identity number
- DN3: Record the full name of the patient's attending doctor
- DN4: Record the full details of the procedure/s
- DN5: List the material or attach the material
- DN6: Repeat the full names of the attending doctor
- DN7: Amend or replace these lists of risks and possible complications depending on the procedure/s where not generically applicable and record any risks and any possible complications peculiar to the patient in the context of their health position and the procedure to be performed
- DN8: Add appropriate details

(PATIENT INITIALS)