



Consent for Anaesthesia

Part I

1. I, _____ (the Patient) hereby give my consent in undergoing the following operation/procedure/treatment and type of anaesthesia:

OR

2. I, _____, H.K.I.D. / Travel Document No. _____ (the Father / Mother / Legal Guardian) of _____ (the Patient), hereby give my consent for the Patient to undergo the following operation/procedure/treatment and type(s) of anaesthesia:

Name of Operation/Procedure/Treatment (Full Name in BLOCK) _____

by Doctor: _____ Code _____

Type(s) of anaesthesia (Please in the appropriate box):

- General Anaesthesia Monitored Anaesthetic Care
 Regional Anaesthesia (Spinal/Epidural/others) Possible combination of the above

Explained /administered by Anaesthetist _____ (Name in BLOCK)

Code: _____

Part II

I/We, the undersigned Patient and or Patient's parent or Patient's legal guardian acknowledge that, before signing this consent form, the anaesthetist (who signs this form) has fully explained to me about the proposed administration of anaesthesia, including:

- Reason for the choice of anaesthesia.
- General nature of the administration of anaesthesia.
- Potential general risks of complications and side effects, including but not limited to nausea and vomiting, general aches and pains, shivering, headache, post-operative pain and pain at injection site, and sore throat, eye injury, temporary skin rashes and damage to teeth and lips.
- Potential specific risks of complications and side effects relevant to the anaesthetic method and the Patient's condition which are uncommon. They include: breathing difficulties, pneumonia, stroke or brain damage, which may cause permanent disability, death, strain on the heart, which may result in a heart attack, awareness whilst under general anaesthesia, anaphylactic drug reactions, pain, bleeding or infection at site of injection, damage to adjacent nerves, blood vessels or organs.

Patient's Label

Patient Name: _____

Hospital No: _____

Episode No: _____



Consent for Anaesthesia

Part III

I acknowledge the following:

1. The anaesthetist has explained and I fully understand the proposed anaesthesia, the likely outcome and the risks of this anaesthesia, including the specific risks and the likely outcome.
2. The anaesthetist has explained other relevant anaesthesia options and their associated outcomes and risks.
3. The quoted complications and risks of the procedure are not exhaustive. Rare complications may not be listed.
4. I understand that an anaesthetist other than the explaining anaesthetist may conduct the anaesthesia.
5. Understand that, if I have any further questions, I can ask the anaesthetist(s); and I have the right to withdraw my consent at anytime after I have signed this form but any withdrawal of consent will not invalidate any anaesthesia performed before such withdrawal is conveyed to the Hospital or Doctor or Anaesthetist.

Part IV (Please if this paragraph is applicable)

I confirm that the information of the proposed type of anaesthesia has been provided to me, and that I have reviewed the same, and I fully understand the contents.

On the basis of the above acknowledgements, I agree to have the anaesthesia performed.

Name of Patient/Parent/Legal Guardian (Name in BLOCK)	Signature	Date
Witness (Name)	Relationship	Date
	Signature	Date

Part V

Anaesthetist's Declaration:

I have explained the nature, risks and benefits of anaesthesia to be used to the Patient and have answered the questions raised by the Patient / Parent / Legal Guardian. To the best of my knowledge the Patient / Parent / Legal Guardian has been adequately informed of and has consented, to the procedure and the details as such had been documented in the Patient's clinical record.

Name and Doctor's Code of Anaesthetist (Name in BLOCK)	Signature of Anaesthetist	Date

Interpreter

I, _____ (Name in BLOCK), H.K.I.D. / Travel Document No. _____
certify that I have truly, distinctly and audibly interpreted the contents of this document in (language or dialect) _____, to the Patient / Parent / Legal Guardian.

Signature of Interpreter	Date

Patient's Label
Patient Name: _____
Hospital No: _____
Episode No: _____