Alberta Health Services

Name (last, first)	
Birthdate (yyyy-Mon-dd)	Gender ☐ M ☐ F
PHN/ULI	

Consent to Surgery or Invasive Procedure

(Policy PRR-01)

Instructions: If the person providing consent disagrees to an item on this consent form, strikeout the text and have them initial beside it.

Patient Name

Details of Surgery or Invasive Procedure *(write in full without abbreviations)*

I confirm that the nature, benefits, risks, consequences, and alternatives of the surgery or invasive procedure *(as detailed above)* and related matters have been explained to me. I am satisfied with and understand the information I have been given, and I consent to the surgery or invasive procedure.

I consent to blood testing and to AHS accessing the results of these tests (such as Hepatitis B, Hepatitis C, and HIV) in Alberta Netcare and other electronic health records for the purpose of treating myself, or any health care worker or other individual who may be exposed to my blood or bodily fluids.

_____ *(name/service)* will perform this surgery or invasive procedure with the assistance of any other healthcare practitioners including medical students, residents and others in training.

If any tissue, organ or bone is removed during the course of the surgery or invasive procedure, I consent to its retention for my diagnosis and treatment or for clinical education or research that utilizes anonymous data/materials.

I understand that I may, at any time, withdraw consent to this surgery or invasive procedure *(as detailed above)* or any other related matter.

Name of person(s) providing consent Phone #	Specify role of person(s) providing consent ☐ Patient (adult) ☐ Parent (with legal authority to consent) ☐ Patient (mature minor) ☐ Co-decision Maker ☐ Agent ☐ Guardian/Legal Representative ☐ Specific Decision Maker *(relationship to Patient)* _____	
Signature of person providing consent	Date *(yyyy-Mon-dd)*	Time
Signature of Co-decision Maker *(if applicable)*	Date *(yyyy-Mon-dd)*	Time

Note: When an individual other than the patient provides consent, a copy of the court order, personal directive, or other document authorizing them to do so must be kept on the health record.

Blood or Blood Product Transfusion

I consent to a transfusion of blood or blood products or a transfusion as part of a separate procedure (such as surgery) as indicated in the details of surgery or invasive procedure section above. Any specific wishes I may have related to the transfusion of blood or blood products are also set out in the details of surgery or invasive procedure section above. I confirm that the nature, benefits, risks, consequences and alternatives to blood transfusion have been explained to me and that my questions have been answered.

Signature of person providing consent	Date *(yyyy-Mon-dd)*	Time

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Witness Statement

I observed the person providing consent sign the consent form *(Witness must be at least 18 years of age)*

Witness name *(print)*	Signature	Date *(yyyy-Mon-dd)*	Time

Most Responsible Health Practitioner Statement

I have explained the details of the surgery or invasive procedure to the person providing consent. In my opinion, this person understands the nature, benefits, risk, consequences, and alternatives.

Name	Signature	Date *(yyyy-Mon-dd)*

If the person obtaining consent has been delegated to do so by the Most Responsible Health Practitioner, specify role ☐ Physician ☐ Resident	Time

Telephone/Fax Consent

Consent was given via ☐ Telephone ☐ Fax/Scan

Name of Most Responsible Health Practitioner	Signature	Date *(yyyy-Mon-dd)*	Time
Witness name *(to telephone call)*	Signature	Date *(yyyy-Mon-dd)*	Time

Interpreter

Obtaining Consent from a Non-English Speaking Patient

I acknowledge that I have interpreted the information given to me about the surgery or invasive procedure and the content of this consent form to the person giving consent and I believe to the best of my ability that the person understands the information.

Interpreter name *(print)*	Signature or *"by telephone"*	Date *(yyyy-Mon-dd)*	Time

Withdrawal of Consent (check **ONE** box only)

☐ I withdraw my consent for the **entire** surgery or invasive procedure as detailed on Side A. I am aware of the risks and consequences of this withdrawal.

☐ I withdraw my consent for the following specific portions of the surgery or invasive procedure. I am aware of the risks and consequences of this withdrawal.

Name of person withdrawing consent	Signature	Date *(yyyy-Mon-dd)*	Time

Note: Health practitioner who has documented the withdrawal of consent should inform the Most Responsible Health Practitioner of the withdrawal of consent for the surgery or invasive procedure.