

General Consent For Medical/Surgical Procedures/Interventions

Patient Name

Medical Record Number

TO THE MEMBER: You have been given information about your condition and the recommended surgical, medical, or diagnostic procedure(s). This consent form is designed to provide a written confirmation of these discussions.

1. _____ has explained to me that I have the following condition(s):
(Clinician)

(explain in lay terms)

2. The following procedure/intervention/anesthesia (if any) has been recommended:

3. _____
(explain in lay terms)

4. The following have been explained to me about the procedure/intervention/anesthesia (if any):
- a. Its purpose and nature.
 - b. The potential benefits and risks.
 - c. The likely result if I do not have the recommended procedure/intervention.
 - d. The available alternative treatments and their benefits and risks.

5. The most likely and most serious risks of the procedure(s) are:

6. I am aware that there may be other risks or complications not discussed that may occur. I also understand that during the course of the proposed procedure, unforeseen conditions may be revealed requiring the performance of additional procedures, and I authorize such procedures to be performed. I acknowledge that no guarantees or promises have been made to me concerning the results of this procedure or any treatment that may be required as a result of this procedure.

7. I understand what has been discussed with me as well as the contents of this form. I have been given the opportunity to ask questions and have received satisfactory answers. If you have not had all of your questions answered to your satisfaction, do not sign this form until you have.

8. I voluntarily consent to the performance of the procedure/intervention/anesthesia (if any) described above by my clinician or those who work with him/her.

Patient Signature

Date

Witness Signature

Date

Physician Signature

Date