

## PATIENT CONSENT FORM

(For medical treatment, immunisation, investigation or operation)

*This form can also be used for a parent or guardian to give consent for treatment to be given to a young person.*

### PATIENT'S DETAILS

Surname: .....

First Names: .....

Date of Birth: ..... Male/Female: .....

### THIS SECTION FOR COMPLETION BY THE CLINICIAN

This form has been prepared for the treatment, immunisation, investigation or operation detailed below:

.....  
.....  
.....

I confirm that I have explained the above treatment, immunisation, investigation or operation to the patient, and options as appropriate, such as the type of anaesthetic (if any) proposed to be used, in terms that in my judgement are suited to their understanding and/or these have been explained to a parent or guardian of the patient.

Signature of clinician: ..... Date: .....

Name of clinician completing the procedure: .....

### THIS SECTION FOR COMPLETION BY THE PATIENT / PARENT / GUARDIAN

1. I am the patient / parent / guardian (delete as necessary) See \* below for information about consent for children.
2. I agree to the procedure(s) proposed on this form and the clinician named on this form has explained this procedure to me.
3. I agree to have the type of anaesthetic that has been explained to me.

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- 4. I understand that any procedure, in addition to that described on this form, will only be carried out if it proves to be necessary, is in my best interests and can be justified for medical reasons.
- 5. I have explained to the clinician about any procedures listed below that I would not wish to be carried out without the opportunity to consider them first. These include:

.....

- 6. I have notified the clinician of the following allergies/medications which I am currently taking that may be relevant to my treatment:

.....

Signature of Patient/Parent/Guardian: .....

Full Name of Patient/Parent/Guardian: .....

Address (if not the same as patient):

.....

.....

If the **treatment is for a child** and if the child wishes to sign this form, he/she may do so here; see \* below for information about consent for children:

I agree to have the treatment I have been told about.

Date ..... Signature .....

### Continues Below

**Note to clinician:** A patient has the legal right to grant or withhold consent prior to this procedure. Patients should be given sufficient information in a way they can understand, about the proposed treatment and the possible alternatives. The patient's consent to the procedure should be recorded on this form.

**Note to Patient:** The clinician should explain the proposed treatment and any alternatives available to you, the risks and benefits of each option, and support you in your choice about which treatment best meets your needs.

You can ask questions and seek further information. You have the right to refuse this treatment. You may ask for a relative, friend or nurse to be present.

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**Statement of interpreter (where appropriate)**

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand.

Signed ..... Date .....

Name .....

**This form, once completed, must be kept with the patient’s medical records.**

**\* Consent for children**

Everyone aged 16 or over is presumed to be competent to give consent for themselves, unless the opposite is demonstrated. If a child under the age of 16 has “sufficient understanding and intelligence to enable him/her to understand fully what is proposed” (known as Gillick Competence), then he/she will be competent to give consent for him/herself. Young people aged 16 and 17, and legally ‘competent’ younger children, may therefore sign this form for themselves, but may like a parent to countersign as well. If the child is not able to give consent for him/herself, someone with parental responsibility may do so on his/her behalf by signing accordingly on this Form.

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