

**Western Private Hospital**

**CONSENT FORM**

UR No: .....	Admission No: .....
Surname: .....	
Given Names: .....	
Date of Birth: .....	Doctor: .....
Hospital: .....	

Patient Details

**DECLARATION**

I .....  
of .....  
hereby confirm that I have given consent to .....  
(Name of specific surgeon performing procedure)  
and any assistant deemed necessary to perform the operation(s) / procedure(s) of:  
.....  
(The site and side of the operation must be recorded in full (i.e. RIGHT or LEFT) and not abbreviated to L or R, whenever the side is recorded.)  
on .....  
(insert either 'myself' or in the case of parent or guardian, the name of the patient.)

I also confirm that I have consented to such further or alternative measures as the person performing the procedure may find necessary during the course of such procedures and to the administration of a local or other anaesthetic for any of the foregoing purposes.

Dated this ..... day of ..... 20 .....

Signature of patient or parent / guardian ..... Witness .....

**SURGEON CONFIRMATION**

I .....  
(Name of specific surgeon performing procedure) have explained to the patient / person legally responsible for the patient, the nature of the above operation(s) / procedure(s).

Dated this ..... day of ..... 20 .....

Signature of doctor .....

**PREOPERATIVE INVESTIGATIONS**

	Arranged Prior to Admission	Provider	Required on Admission
Pathology			
Xray			
ECG			

**SPECIAL REQUIREMENTS ON ADMISSION**

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**MEDICATION ORDERS ON ADMISSION**

Date	Drug	Dose	Route	Frequency & Duration	Doctor's Signature	Record of Administration			
						Time Given	Given By	Time Given	Given By

CONSENT FORM

MR 120