



**St Vincent's**  
LISMORE  
REQUEST/CONSENT FOR  
MEDICAL PROCEDURE/TREATMENT

UR: \_\_\_\_\_  
 Family Name: \_\_\_\_\_  
 Given Names: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Gender: M  F

- Day Only       DOH  
 In-Patient     DVA  
                           Workers Comp  
                           Private  
                           Uninsured

**PAEDIATRIC**

(For PARENTS/GUARDIANS of patients less than 16 years of age)

**PROVISION OF INFORMATION TO PATIENT** **To be completed by Medical Practitioner**

I, Dr. \_\_\_\_\_ have discussed with this patient's parent/guardian the various ways of treating the patient's present condition including the following proposed procedure/treatment

.....  
insert site name and reasons for procedure or treatment; do not use abbreviations  
 .....

Planned CMBS Item Number(s) .....

I have informed this **parent/guardian\*** of the matters as detailed below including the nature, likely results, and material risks of the proposed procedure or treatment.

..... / ..... /20 .....  
SIGNATURE OF MEDICAL PRACTITIONER      DATE      TIME

**Interpreter present\***

..... / ..... /20 .....  
SIGNATURE OF INTERPRETER      DATE      TIME

**PATIENT CONSENT** **To be completed by Parent / Guardian**

Dr. \_\_\_\_\_ and I have discussed the present condition of \_\_\_\_\_ and the various ways in which it might be treated, including the above procedure or treatment.

The doctor has told me that:

- the procedure/treatment carries some risks and that complications may occur;
- an anaesthetic, medicines, or blood transfusion may be needed, and these may have some risks;
- additional procedures or treatments may be needed if the doctor finds something unexpected;
- the procedure/treatment may not give the expected result even though the procedure/treatment is carried out with due professional care.

I understand the nature of the procedure and that undergoing the procedure/treatment carries risks.

I have had the opportunity to ask questions and I am satisfied with the explanation and the answers to my questions.

I understand that I may withdraw my consent.

I also consent to anaesthetics, medicines or other treatments, which could be related to this procedure/treatment.

I **request and consent** to the procedure/treatment described above for \_\_\_\_\_  
INSERT NAME OF MINOR

I **also consent to a transfusion of blood and/or blood products** if needed.

..... / ..... /20 .....  
SIGNATURE OF PARENT/GUARDIAN      PRINT NAME OF PARENT/GUARDIAN      DATE      TIME

**OR**

I **request and consent** to the procedure/treatment described above for \_\_\_\_\_  
INSERT NAME OF MINOR

I **do not consent to a transfusion of blood and/or blood products** if needed.

..... / ..... /20 .....  
SIGNATURE OF PARENT/GUARDIAN      PRINT NAME OF PARENT/GUARDIAN      DATE      TIME

BINDING MARGIN – DO NOT WRITE

REQUEST / CONSENT FORM

