# Consent form

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| **London Road Surgery CONSENT FORM**  **PATIENT AGREEMENT TO INVESTIGATION OR TREATMENT** | | | |
| This form is to be used for treatment, immunisation, examination  or minor operation | | | |
| **PATIENT DETAILS** | | | |
| **Surname** |  | **Forename** |  |
| **Title** |  | **Sex** |  |
| **NHS No.** |  | **Date of birth** |  |
| **PROCEDURE DETAILS** | | | |
| The clinician has discussed with the patient the following:   * The nature of the procedure, techniques used and aftercare * The associated benefits and risks * Any follow-up procedures, examinations or other pertinent information * The rights of the patient | | | |
| **Name of clinician** |  | **Title (Dr, nurse, etc.)** |  |
| **Date of procedure** |  | **Location** |  |
| **Type of procedure** |  | | |
| **Clinician’s signature, print name and date** |  | |  |
| **PATIENT CONSENT** | | | |
| I understand the need for and consent to the procedure detailed above. I confirm that I have been given all the required information about the procedure, including techniques, aftercare, benefits, risks and the required follow-up process.  I also have been advised of my rights as a patient. | | | |
| **Signature of patient** |  | | |
| **Date of signature** |  | | |