

Blood Transfusion Consent Form

Patient Information

Patient Name:

Hospital/Patient ID:

Date of Birth:

Ward/Unit:

Consent

I have been informed about the need for blood/blood product transfusion, the associated risks, alternatives, and the consequences of refusal. I have had the opportunity to ask questions, all of which were answered to my satisfaction.

☐ I consent to receive blood/blood products. ☐ I refuse to receive blood/blood products.

Patient/Relative Signature

Name of Patient/Relative

Relationship (if not patient)

Date:

Time:

Interpreter (if applicable)

Interpreter Name:

Signature:

Doctor's Declaration

I have explained the indications, risks, benefits, and alternatives of blood transfusion to the patient/attendant and obtained informed consent.

Doctor's Name:

Signature:

Date:

Time:

Note: This form is to be retained with the patient's medical records.