

Elective Surgery Consent Document

Patient Name:

Date of Birth:

Hospital Number (if applicable):

1. Procedure

Name of Proposed Surgery/Procedure:

Indication/Reason for Surgery:

2. Risks and Benefits

Potential Benefits (as discussed):

Potential Risks (as discussed):

Alternatives to Surgery (if any):

3. Anesthesia

Type of Anesthesia Planned:

Anesthesia Risks Explained?

4. Acknowledgement and Consent

I confirm that I have had the opportunity to ask questions about my proposed elective surgery, its risks, benefits, and alternatives. I understand the procedure and consent to have it performed.

Patient Signature / Mark

Date

Doctor/Surgeon Signature

Date

Witness (if required)

Date