

AGREE TO TREATMENT (Please print name)

I,

Request and agree that the following operation/procedure (specify by writing RIGHT or LEFT or BOTH SIDES)

be performed on: ☐ myself ☐ my child ☐ my ward (Please tick as appropriate)

I have been able to discuss this with my surgical specialist:

Specialist Name:

Designation:

They have explained the reasons and expected risks to me of the procedure relating to my clinical history and condition, and I agree to this treatment/procedure.

I have had adequate opportunity to ask questions and these have been answered to my satisfaction. I understand that I am welcome to ask for more information if I wish.

During this discussion, I was informed of both benefits and risks including possible rare but serious risks, including:

I (medical specialist) confirm that I have informed the patient of any interest I held in Kākāriki Hospital in accordance with the Kākāriki Specialist bylaws and my professional responsibilities.

☐ Yes ☐ No ☐ N/A

BLOOD TESTING

If a healthcare worker is directly exposed to my blood or other body fluids, I agree to blood samples being taken. These samples will only be tested to identify such transmissible diseases as are considered of significant risk to the worker, e.g. Hep B, Hep C and HIV. I understand that I will be informed of such testing and the results, if I request them, and of any appropriate treatment.

☐ Yes ☐ No

BLOOD DERIVATIVES OR TISSUE PRODUCT DERIVATIVES

I agree to the following products being used: (please tick as appropriate)

☐ **Thrombin products** ☐ **Porcine mesh**
☐ **Bone matrix** ☐ **Other:**

(please state)

☐ I do not agree to blood derivatives or tissue derivatives being used.

BODY TISSUES, BODY PARTS OR PROSTHESES

Do you have any specific requirements for the return or disposal of body tissue, body parts or prostheses?

☐ **Yes** (Complete Release of Body Parts Form) ☐ **Yes** (Complete Return of Metalware Form) ☐ **No** ☐ **N/A**

I AGREE: (Please tick as appropriate)

- ☐ That in the event of an emergency, further procedures as deemed necessary at the time are undertaken to save my life or prevent harm
- ☐ A Visiting Specialist, Fellow / Registered Medical Officer or Medical Student may be assisting or observing.
- ☐ A medical supply representative may be present during my procedure to advise the team
- ☐ Clinical photos may be taken to aid and document my care.

Signature (Patient/Legal Representative):

Date:

Signature (Surgeon Specialist):

Date:

Signature (Interpreter):

Date:

PLEASE RETURN THIS FORM **AT LEAST ONE WEEK** PRIOR TO YOUR OPERATION/PROCEDURE DATE

You can email this form to reception@kakarikihospital.co.nz

CONSENT FOR OPERATION/PROCEDURE TE WHAKAAETANGA KI TE TAPAHANGA / TUKANGA



ANAESTHESIA

I have had adequate opportunity to ask questions about the anaesthetic for the above procedure and these have been answered to my satisfaction. This was provided by:

Dr:	Designation:
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☐ I agree to the following anaesthetic:

Discussion: I agree to this anaesthetic being given. I acknowledge that I should not drive a motor vehicle, nor operate machinery or potentially dangerous appliances, drink alcoholic beverages, or make important decisions for 24 hours after the operation having had a general anaesthetic and/or narcotic or sedative agents administered.

Signature (Patient/Legal Representative):	Date:
Signature (Anaesthetic Specialist):	Date:
Signature (Interpreter):	Date:

AGREEMENT FOR BLOOD OR BLOOD PRODUCT TRANSFUSION

Dr:	Designation:
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Whose signature appears below has advised me that ☐ myself ☐ my child ☐ my ward may require a blood or blood product transfusion. (Please tick as appropriate)

Having had the opportunity to ask questions and discuss the possible risks and benefits and the alternatives to a blood or blood product transfusion with him/her:

☐ I agree ☐ I do not agree to blood products ☐ Other (specify):

Signature (Patient/Legal Representative):	Date:
Signature (Anaesthetic Specialist):	Date:
Signature (Interpreter):	Date:

If blood or blood products are not required, tick the following: ☐ Not Applicable

IF YOU NEED AN INTERPRETER, PLEASE ASK THE STAFF

Māori	Ki te hiahia koe ki tētahi kaiwhakawhiti reo, tēnā pātai atu ki ngā kaimahi
Cook Island Māori	Me te anoano ra koe i teta'i tangata 'uri -reo, me ka tika, pati mai ki teta'i o ta matou aronga 'anga'anga
Tongan	Kapau te ke fiema'u ha tokotaha fakatonu lea, kātaki 'o kole atu ki he kau ngāué
Samoaan	Faamolemole faailoa i le aufaigaluega pe afai o e moomia se faamatalaupu
Niuean	Ka manako a koe ke he taha tagata fakaliliu, ole atu ke he taha tagata gahua
Tahitian	la hina'aro nei 'oe i te ho'e auvaha parau, a ani i te tuati
Hindi	यदि आपको दुभाषिया की आवश्यकता है, तो कृपया कर्मचारियों से पूछें
Chinese Simplified	如果您需要翻译, 请问工作人员
Chinese Traditional	如果您需要翻譯, 請詢問工作人員
Korean	통역이 필요하시면 직원에게 문의하세요.
Use of interpreter: ☐ Yes ☐ No	
Name of interpreter:	Language:

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