## About Your Procedure

A [procedure name] can help us understand what might be causing your [insert symptoms]. With this information, we can make a plan that we hope will help you get better. This form has facts about the [procedure name] and a place for you to sign that you consent (agree) to having a [procedure name] performed.

### What is a [procedure name]?

* Doctors do a [procedure name] by looking at your [body part] with a [equipment name] [define equipment]. The doctor puts the [equipment name] [describe where the equipment is inserted]
* [Describe any modifications to the procedure, if applicable.]
* To help you relax, sleep lightly or to not feel as much pain, you may be given anesthesia (medicine that blocks pain or takes away feeling). Your doctor will tell you more about this if it is needed.

### Why does the doctor recommend that you have [procedure name]?

* Reason 1
* Reason 2
* Reason 3

*[Instructions: Use the following table as a checklist to cover pertinent risks, benefits, and alternatives to the procedure with the patient. Include additional risks unique for this patient, questions asked and your response to the questions. Add rows in each section as necessary.]*

|  |  |  |
| --- | --- | --- |
| Physician Initials | Patient Initials | Benefits - How can this procedure help? |
|  |  | *List benefits to the procedure specific to the patient and their condition.* 1.2.3.**Questions:** |
| Physician Initials | Patient Initials | **Risks – This procedure has some risks. We cannot list all of the risks. Here are risks that we think you would want to know about before you decide whether to consent. The list includes some problems that can happen most often or that, although less common, are the most serious.** |
|  |  | 1. *Description of common risk for procedure:*

**Additional Risk:** Based on patient’s age, comorbidities, etc. **Questions:** |
|  |  | 1. *Description of common risk for procedure:*

**Additional Risk**: Based on patient’s age, comorbidities, etc.**Questions:** |
|  |  | 1. *Description of common risk for procedure:*

**Additional Risk:** Based on patient’s age, comorbidities, etc.**Questions:** |

|  |  |  |
| --- | --- | --- |
| Physician Initials | Patient Initials | Alternatives |
|  |  | What are your choices other than having this procedure? *List reasonable and appropriate alternatives to the procedure.* 1.2.3.**Questions:** |
|  |  | What could happen if you do NOT consent to this procedure? *List consequences pertinent to patient.*1.2.3.**Questions:** |

### Do you agree to a [procedure name]?

Dr. needs your consent (agreement) to do this [procedure name].

Your signature below means that:

* You understand what a [procedure name] is and why the doctor recommends that you have this procedure.
* You are aware of how a [procedure name] helps, problems a [procedure name] can cause, your choices and what could happen if you do NOT get a [procedure name].
* All of your questions have been answered.

### Choose One:

|  |  |
| --- | --- |
| * I agree to have a [procedure name].
 | * I do NOT agree to have a [procedure name].
 |

Patient’s (or legal guardian’s) signature Date/Time

Printed Name If not patient, indicate status

Witness Signature

### Doctor’s Statement

I talked to the patient about how this procedure can help, problems it may cause and choices. I believe the patient understands these. The patient has had the chance to ask questions and have them answered.

### Choose One:

|  |  |
| --- | --- |
| * The patient agrees to have a [procedure name].
 | * The patient does NOT agree to have a [procedure name].
 |

Physician’s signature Date/Time

Printed Name