

**PLEASE COMPLETE THE FOLLOWING**  
**And bring to THEATRE with you**

FIRST NAMES:		SURNAME:	
PROCEDURE:		ADMISSION TIME:	

Weight		BP		Pulse		O2Sat		Temp	
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	Yes	No	N/A		Yes	No	N/A
Nil per mouth since				Consent Form			
Wedding ring taped				Jewellery removed			
Hearing aid removed				Dentures/contacts removed			

**PATIENT TO COMPLETE THE FOLLOWING**

	Y	N		Y	N
Skin Problems			Liver disease/jaundice		
Lung Disease/asthma			Anaemia		
Bronchitis			Diabetes		
Heart problems or rheumatic fever			Epilepsy		
High blood pressure			Stomach problems		
Blood clots (legs/lungs)			Abnormal bleeding/bruising		
Could you be at risk from Aids/hepatitis?					
Do you have Health Insurance?	Yes/No		Company:		
What operations have you had?					
What medications are you taking?					
Have you/your family had problems with anaesthetics?					
Do you have any allergies? If yes, what?					

***Consent to Surgical Operation, Procedure, or Medical Treatment***

I \_\_\_\_\_ agree to the procedure/treatment of \_\_\_\_\_  
being performed on me.

Dr \_\_\_\_\_ has explained to me that I need to have medical attention for my present condition, and we have discussed ways in which it can be appropriately treated. I also agree to the administration of anaesthetic and medicines associated with this procedure.

I understand that as I will be discharged from the clinic on the same day as my surgery, I should **not** drive a motor vehicle or operate machinery for a period of **24 hours** after having a general anaesthetic or the administration of narcotic/sedative agents.

Signed: \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_