

<b>CONSENT FORM</b>			
<b>PATIENT AGREEMENT TO INVESTIGATION OR TREATMENT</b>			
This form is to be used for treatment, immunisation, examination or minor operation			
<b>PATIENT DETAILS</b>			
<b>Surname</b>		<b>Forename</b>	
<b>Title</b>		<b>Sex</b>	
<b>NHS No.</b>		<b>Date of birth</b>	
<b>PROCEDURE DETAILS</b>			
<p>The clinician has discussed with the patient the following:</p> <ul style="list-style-type: none"> <li>• The nature of the procedure, techniques used and aftercare</li> <li>• The associated benefits and risks</li> <li>• Any follow-up procedures, examinations or other pertinent information</li> <li>• The rights of the patient</li> </ul>			
<b>Name of clinician</b>		<b>Role</b>	
<b>Date of procedure</b>		<b>Location</b>	
<b>Type of procedure</b>			
<b>Clinician's signature, print name and date</b>			
<b>PATIENT CONSENT</b>			
<p>I understand the need for and consent to the procedure detailed above. I confirm that I have been given all the required information about the procedure, including techniques, aftercare, benefits, risks and the required follow-up process.</p> <p>I also have been advised of my rights as a patient.</p>			
<b>Signature of patient</b>			
<b>Date of signature</b>			