

MUST ATTACH PATIENT LABEL HERE

SURNAME: _____ NHI: _____
FIRST NAMES: _____ DOB: _____

Agreement to Treatment

Please ensure you attach the correct visit patient label

AGREEMENT TO TREATMENT

INTERPRETER: Yes No Name of Interpreter: _____ Language: _____

SURGERY / OTHER PROCEDURE

(Use shaded areas as appropriate – See definition of Legal Representative on other side)

I, _____
LEGAL REPRESENTATIVE OF _____ AGE _____

AGREE THAT _____

BE PERFORMED ON ME / MY CHILD / RELATIVE _____

I have been able to discuss this with Dr _____ (Designation) _____
He/She has 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 during this procedure images or pictures may be captured if relevant to my care. These images will be incorporated into my clinical record. I understand that I am welcome to ask for more information if I wish.

Blood Testing

If a healthcare worker is directly exposed to my blood or other body fluids, I agree to blood samples being taken. Yes No
These samples will only be tested to identify such transmissible diseases as are considered of significant risk to the worker, e.g. Hepatitis B, Hepatitis 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.

Blood/Blood Products

I understand the risks and benefits of the use of blood and blood products during or after the procedure and have had the opportunity to discuss their use. I have been provided with a NZ Blood Service leaflet.

- I AGREE to the administration of blood and blood products as required.
- I DO NOT AGREE to the administration of blood and blood products under any circumstances OR unless my life is in danger.

Body Parts / Tissue Return

- Body part / tissue return not applicable for this procedure.
- I wish to have any body parts / tissue returned to me. Complete form CR2547 Body Part / Tissue Release.
- I do not wish to have any body parts / tissue returned to me. I understand that body parts / tissue not returned to me will be disposed of unless retained for future diagnostic purposes or as part of a professionally recognised Quality Assurance program, audit or research with ethics committee approval.

SIGNED: _____ SIGNED: _____
PATIENT / LEGAL REPRESENTATIVE INTERPRETER

SIGNED: _____ DATE: _____
CLINICIAN

CLINICIAN'S NAME: _____ DESIGNATION: _____

ANAESTHESIA

I have read or had explained to me the Anaesthetic Information leaflet. 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 _____
whose signature appears below.

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.

SIGNED: _____ SIGNED: _____
PATIENT / LEGAL REPRESENTATIVE INTERPRETER

SIGNED: _____ DATE: _____
CLINICIAN

AGREEMENT TO TREATMENT

CR0111

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BLOOD / BLOOD PRODUCTS

INTERPRETER: Yes No Name of Interpreter: _____ Language: _____

I _____ have read a NZ Blood Service leaflet on Blood Transfusion, and/or have had explained to me and understand the risks and benefits of the use of blood and blood products. I have had the opportunity to discuss their use.

I understand that as a result of treatment for haematological conditions I may require repeated blood transfusions.

I understand that I can withdraw this consent at any time.

I AGREE to receiving these blood/blood products as required.

I DO NOT AGREE to receiving these blood/blood products under any circumstances OR unless my life is in danger.

SIGNED: _____ SIGNED: _____
PATIENT / LEGAL REPRESENTATIVE INTERPRETER

SIGNED: _____ DATE: _____
CLINICIAN

The Care of Children Act 2004 does allow medical staff to over-ride the wishes of guardians in a life-threatening situation.

LEGAL REPRESENTATIVE

- "Legal representative" means welfare guardian, enduring power of attorney (care and welfare), or guardian of a child.
- Next of kin does not have legal authority to consent on behalf of an incompetent patient however they may be consulted. **(Use Authority to Treat Without Consent Form CR0114)**
- In the case of a child consent may be given-
 - (a) by a guardian of the child; or
 - (b) if there is no guardian in New Zealand or no guardian of that kind can be found with reasonable diligence or is capable of giving consent, by a person in New Zealand who has been acting in the place of a parent (s36(3) Care of Children Act 2004)

IF YOU NEED AN INTERPRETER, PLEASE ASK THE STAFF

MEHEMEA E HIAHIA NA KOE HE KAIWHAKAMAORI,
TONO AKE KI NGA KAIMAHI

FIEMA'U HA FAKATONU-LEA MAHANI NGÄUE? 'EKE
KI HE TOKOTAHA-NGÄUE

E TE MANAOMIA SE FA'AMATALA UPU UA A'OA'OINA
MA PASIA? FESILI I LE AUFAIGALUEGA

KA MANAKO HE TAGATA ILOILO HE FAKAHOKOHOKO
KUPU? OLE AGE KE HE KAU GAHUA HE OFISA

KA ANOANO AINEI KOE I TETAU TANGATA I TERENIHA
NO TE URI-REO EI TAUTURU I A KOE? E PATI KOE KI
TE NETI ME KARE KI TE TAOTE

NẾU QUÝ VỊ CẦN THÔNG DỊCH VIÊN THÀNH THẠO
XIN HỎI NHÂN VIÊN BỆNH VIỆN

HADAAD U BAAHATO TURJUBAAN, FADLAN WEYDIISO SHAQAALAH

如果您需要一位翻譯，請告訴醫院的職員。

ប្រសិនបើអ្នកត្រូវការអ្នកបកប្រែដែលមានការហ្វឹកហ្វឺនស្តុមមេត្តាទាក់ទងនឹងបុគ្គលិកឬសមាជិក។

अगर आपको अनुवादक कि आवश्यकता हो तो कर्मचारी वर्ग को बतायें

چنانچه به مترجم احتیاج دارید، از مسئولین درخواست کنید.

لو كنت بحاجة الى مترجم ، إسأل أحد المنتسبين رجاءً

хүндлэн 전문 통역사가 필요하면 직원에게 요청해 주십시오