

**BCW HOSPITAL & HEALTH CENTRE
CONSENT FORM**



Consent Procedure

I, _____ Patient or Legal Representative agree to the
(print name)

following investigation, treatment or procedure _____

ordered by or performed by _____

Physician Registered Midwife Nurse Practitioner Other _____ (print name)

The nature and anticipated effect of the proposed investigation, treatment or procedure has been explained to me. In particular, I have been informed of the following:

- Diagnosis/condition,
- Purpose and nature of the investigation/treatment/procedure,
- Risks and benefits of the investigation/treatment/procedure,
- Alternatives to the proposed investigation/treatment/procedure,
- Likely consequences of not undertaking the investigation/treatment/procedure.

I have had the opportunity to ask questions. I am satisfied with the explanations and understand them.

I understand and agree that for the purpose of medical education and improvement of service there may be residents/students attending my treatment/procedure, either watching or participating

I agree that the health care provider named above may have other surgeons, physicians and hospital staff assist him or her and may permit them to order and/or perform all or part of my treatments, surgical operation or procedure. I also agree that these other health care providers may have the same discretion in my treatment, operation, or procedure as the provider named above.

I also consent to such additional or alternative investigations, treatments or procedures as in the opinion of the health care provider named above finds are immediately necessary.

 Patient or Legal Representative (signature)

Date (day/month/year)

Witness (signature)

(print name)

I hereby confirm that the above-named investigation, treatment or procedure falls within my scope of practice. I also confirm that I have explained the nature and effect of the investigation, treatment, or procedure to the person who signed the above consent form.

 Physician Registered Midwife Nurse Practitioner Other _____

(print name)

Date (day/month/year)

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Place Patient Form Label Here



Consent Procedure

STATEMENT BY PROFESSIONAL INTERPRETER:

I have translated the information on this form to the Patient Legal Representative, and I have interpreted their responses to the Physician, Registered Midwife or Nurse Practitioner.

In the presence of the patient _____
Professional Interpreter (signature) (print name)

Over the phone (witnessed) _____
Witness (signature) (print name & designation)

Date signed by Interpreter or Witness: _____ (day/month/year)

Telephone Consent: Health Care

I have discussed the procedure outlined on the other side of this form and the anticipated effects of such investigation, treatment, or operative procedure, including the significant risks and alternatives outlined with

_____ who is the patient's (state relationship)

_____, and he/she has given verbal consent for the procedure named above.

Time _____ Date _____

Signature of Health Care Provider obtaining consent _____ (print name)

Witness (signature) _____ (print name)