# Consent form

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| **London Road Surgery CONSENT FORM****PATIENT AGREEMENT TO INVESTIGATION OR TREATMENT**  |
| This form is to be used for treatment, immunisation, examination or minor operation |
| **PATIENT DETAILS** |
| **Surname** |  | **Forename** |  |
| **Title** |  | **Sex** |  |
| **NHS No.** |  | **Date of birth** |  |
| **PROCEDURE DETAILS** |
| The clinician has discussed with the patient the following:* The nature of the procedure, techniques used and aftercare
* The associated benefits and risks
* Any follow-up procedures, examinations or other pertinent information
* The rights of the patient
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| **Name of clinician** |  | **Title (Dr, nurse, etc.)** |  |
| **Date of procedure** |  | **Location** |  |
| **Type of procedure** |  |
| **Clinician’s signature, print name and date** |  |  |
| **PATIENT CONSENT** |
| 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. I also have been advised of my rights as a patient. |
| **Signature of patient** |  |
| **Date of signature** |  |