

Reserved to the staff of AZ Maria Middelares  
for the patient identification label

## Informed consent for anaesthesia and follow-up care with the Anaesthesia Department after the procedure

THIS FORM MUST BE COMPLETED AND SIGNED BEFORE THE PROCEDURE.

### Patient identification information

First and last name:

Date of birth: ...../...../.....

### Identification information of the representative if the patient is a minor (under the age of 18) or legally incapable.

First and last name:

Date of birth:...../...../.....

Relationship to the patient: father/mother/guardian (circle)

### And

First and last name:

Date of birth: ...../...../.....

Relationship to the patient: father/mother/guardian (circle)

**Scheduled medical procedure:** .....

Left/right (circle if applicable)

Physician with whom the medical procedure is scheduled: .....

### By signing this document, I consent to the following:

#### Before the procedure

- I acknowledge that I have already received the informational leaflet 'More Information about anaesthesia' and have understood it. I understand the course of treatment, including preparation and follow-up care, as well as the inconvenience that may result.
- I am voluntarily requesting anaesthesia for the scheduled procedure. I have had sufficient time to think about the procedure in order to make a well-informed decision.
- I have already given the attending physician my informed consent for the scheduled procedure.
- I have been informed that the administration of anaesthesia carries certain risks (please see p. 15 of the anaesthesia leaflet for an overview). I understand that any summary made of all possible contra-indications, risks and side effects is never complete.
- I understand that the risks of anaesthesia are partly determined by my general medical condition or the seriousness of the procedure. I declare that I have, to the best of my knowledge and ability, informed the care provider of my current health status and my medical history, including the use of certain medications.
- I know that non-compliance with fasting and my home medication can increase the risk of anaesthesia.
- I know that any worries or questions I have can be discussed with the anaesthesiologist prior to the procedure. I have had the opportunity to ask questions, and the care provider has answered them sufficiently and completely. I have understood these answers well.

**After the procedure, in the hospital**

- I know that the Anaesthesia Department, in consultation with the attending physician, is responsible for the monitoring of pain management.
- I know that my registered medical and nursing information from anaesthesia and hospitalisation can be used in a completely anonymous manner for medical research and scientific articles.

**The first 24 hours after the procedure, after the hospital discharge**

- I will not drive a car or scooter or ride a cycle, and I will not operate any heavy machinery until the morning after the procedure.
- I will not drink any alcohol.
- I will ensure that someone is with me until the morning after the procedure.
- I know that it is not advisable to sign any legal documents nor make any important decisions.

THE HOSPITAL'S PRIVACY POLICY MAY BE CONSULTED ON OUR WEBSITE

**Possible patient comments:**

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**Possible care provider comments:**

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**Consent of the legally capable adult**

Read and approved (written out in full) .....

Date: ..... / ..... / .....

Patient's signature: .....

**Consent of the representative of the patient who is a minor or legally incapable**

Mr/Ms

(parent 1/guardian) (circle)

**And**

Mr/Ms

(parent 2/guardian) (circle)

Read and approved (written out in full).....

Date: ..... / ..... / .....

Patient's signature: .....