



Patient Name:

MR No :

INFORMED CONSENT

I(Name & MR No. of the Patient) am receiving treatment in Ahalia Diabetes Hospital, Palakkad & I hereby certify that:

My Physician/Surgeon Dr..... has diagnosed my condition as (Provisional Diagnosis) after conducting necessary examinations and diagnostic tests.

The Doctor has informed me that operative procedure of may have to be performed on me for treating my condition.

The doctor has explained to me all the details of my illness, the nature and purpose of the procedure, the benefits, possible problems related to recovery, likelihood of success, possible risks and complications, alternatives to the said procedure and consequences of refusal in a language and manner I understand..

I have also been informed about the anesthesia required, possible complications related to anesthesia possible need of the use of various drugs, blood and/or blood products and I understand all possible risks. And that serious injury or even death may occur.

The doctor also informed me that the procedure might result in complications even though utmost skill, care and judgment is exercised. The doctor has not guaranteed cure of my illness due to this procedure.

I understand that during the procedure unforeseen conditions may be revealed and /or unforeseen situations may arise and that they may require additional or different procedures for my benefit other than those planned to be performed, based on the professional judgment of the physician at that time.

All the questions asked by myself and my family had have been answered to the full satisfaction. All the risks , potential benefits and complication of the procedure and anesthesia are but not limited to;

- 1.....
- 2.....
- 3.....
- 4.....
- 5.....

have been explained to me and my family.

I agree to perform all the blood tests which are required to exclude any infectious diseases (Including HIV, Hepatitis B & Hepatitis C) as I understand that it is to protect the hospital personnel involved in my care.

I agree/ don't agree to observation, photography and videography in the operating room during procedure for the advancement of medical field and I understand that my identity will not be revealed.

I hereby express my free and voluntary consent to Dr.....
and his associates for the same.

This information is provided by

Name:

Designation:

Signature:

Consent by Parent /Legal Guardian /Relative:

I,, (Specify relationship- Parent / Legal guardian / Relative) of Mr/Ms.
hereby give the consent to perform on behalf of the patient. I have understood all information provided to me in a language and manner I understand.

Signatory	Name	Signature	Date	Time
Patient				
Doctor				
Witness				

Verbal consent (when the patient has verbally educated only):

This Consent has been:

Taken verbally by -.....

Given verbally by-