MY GUT CARE
EXPERTS IN GUT HEALTH, LIVER AND ENDOSCOPY

Patient Name: _____

DOB: ___/___/___ MRN: _____

Address : _____

_____

Gastroenterology Informed Consent

I have read relevant “Patient Information” and been given information regarding anaesthetic and procedure to be performed including its risks.

I acknowledge that the doctor has explained

- My medical condition and the proposed procedure, including the possibility of additional treatment and its associated risks if something unexpected is found.
- I understand the risks of the procedure and anaesthesia, including risks specific to me. These may include, but are not limited to, major risks such as perforation of the bowel, bowel haemorrhage, or injury to the spleen or other internal organs (risk of <1:1000).
- My prognosis and the risks of not having the procedure (e.g., missed disease or a delayed diagnosis of cancer) have been explained.
- I understand that no guarantee has been made that the procedure will improve my condition, even when carried out with due professional care.
- I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure and its risks, and my treatment options.
- My questions and concerns have been discussed and answered to my satisfaction.
- I understand that image/s or video footage may be recorded as part of and during my procedure and that these image/s or video/s will assist the doctor to provide appropriate treatment.
- In the unlikely event of contamination involving myself or a staff member, I consent to a blood sample being taken from me to test for communicable diseases such as Hepatitis B, Hepatitis C, and HIV. I understand this will only occur if clinically necessary, results will be kept confidential, and I will be informed of any results that relate to my health.
- I have been advised that an interpreter is available if needed, and I have indicated whether I require one.

Is an interpreter required? □ Yes □ No

If Yes, the interpreter has:

□ provided a sight translation of this consent form in person

□ translated this consent form over the telephone

Name of interpreter: _____

Interpreter code: _____

Language: _____

On the basis of the above statements: I hereby consent to undergo the procedure/s

□ Gastroscopy □ Colonoscopy And monitored anaesthesia care

□ Other _____

Patient Name	
Patient Signature:	Date:

I have discussed the procedure with the patient and have given the patient the opportunity to ask questions. To the best of my knowledge, the patient has been adequately informed and has consented.

Signed	Proceduralist