6253

CONSENT OR REFUSAL OF MEDICAL PROCEDURE OR TREATMENT UPON CLARIFICATION

univerzitetni klinični center ljubljana

NAME SURNAME, birth data/LABEL

EXPLANATORY PART (to be completed by the doctor)

1. Main diagnosis:

2. Additional diagnosis:

Note: In order to carry out examination in which the patient is exposed to ionizing radiation, another appropriate consent has to be enclosed!

3. The proposed medical procedure or treatment is required (brief explanation as to why it is needed):

4. DESCRIPTION of medical procedure or treatment (briefly describe or indicate what kind of written material the patient received):

☐ Enclosed is the written description of the medical procedure or treatment received by the patient.

☐ The patient received the standard written material about the medical procedure or treatment, which is not enclosed – the material is available at the department.

5. Additional procedures which may become necessary during the medical procedure or treatment (mark accordingly):

☐ Transfusion of blood or blood substitutes.

☐ Other procedures (indication of any possible additional procedures):

6. The proposed medical procedure or treatment will include:

☐ local anaesthetic ☐ general anaesthesia ☐ sedation

7. Serious or frequent risks and possible complications during the medical procedure or treatment (briefly describe or mark that this is described in Description - Item 4):

☐ Described in the written explanation (Item 4)

8. Consequences of abandoning the proposed medical procedure or treatment (briefly describe or mark that this is described in Description - Item 4):

☐ Described in the written explanation (Item 4)

9. Other options of treatment (at home or abroad), which are not available or are not covered by health insurance (briefly describe or mark that this is described in Description - Item 4):

☐ Described in the written explanation (Item 4)

6253

CONSENT OR REFUSAL OF MEDICAL PROCEDURE OR TREATMENT UPON CLARIFICATION

univerzitetni klinični center ljubljana

DOCTOR'S STATEMENT		
I explained to the patient in detail the contents of Items from 1 to 9: ☐ YES ☐ NO, because:		
The patient has received additional explanations upon his request: ☐ YES ☐ NO, because they didn't request them.		
The doctor's name and surname (capital letters or seal):		
Date:	Time:	Signature:

PATIENT'S STATEMENT OF CONSENT OR REFUSAL			
Regarding the medical procedure or treatment described in this form I freely: ☐ **CONSENT TO** ☐ **REFUSE**			
- I understand the importance and consequences of my decision.			
- I understand the oral and written explanations that I received.			
- I was informed about additional procedures, which may become necessary during my treatment and (mark appropriately): ☐ I consent to all procedures, listed in Items 5 and 6. ☐ I outline procedures/interventions in Item 5, which I do not want to be taken:			
- I understand that I will have the opportunity to talk about anaesthesia with the anaesthesiologist before the procedure, unless the urgency of my condition prevents this.			
- I understand that any procedure in addition to those named on this form will be carried out only if they are absolutely necessary for saving my life or to prevent serious harm to my health.			
Regarding the presence of people who are being trained and educated at the UKC Ljubljana, I freely: ☐ **CONSENT TO IT** ☐ **REFUSE IT**			
Signature of the patient:	Name and surname of **Parent 1:** Signature:	Name and surname of **Parent 2:** Signature:	Name and surname of **legal representative / other person:** Signature:
Date:		Time:	

PATIENT'S STATEMENT ON SUBSEQUENT CONSENT OR REFUSAL			
The patient has changed their mind and (mark accordingly): ☐ After already given **CONSENT TO** it, the medical procedure or treatment is **REFUSED**. ☐ After already **REFUSING** it, the medical procedure or treatment is subsequently **CONSENTED TO**.			
Signature of the patient:	Name and surname of **Parent 1:** Signature:	Name and surname of **Parent 2:** Signature:	Name and surname of **legal representative / other person:** Signature:
Date:		Time:	

Patient receives a copy of the document!