

Version No.	1.0	Valid from	June 2016
Document number	DC432	Unit	Anaesthesia

**INFORMED CONSENT FOR GENERAL ANAESTHESIA, PERIOPERATIVE PAIN MANAGEMENT AND/OR PROCEDURAL SEDATION**  
**TO BE COMPLETED AND SIGNED BY THE PHYSICIAN AND PATIENT**

*Dear patient,*

*Please read the following informed consent statement carefully and confirm by placing your name and signature. You can find all information about the anaesthesia in the brochure or on the website. Before administering the anaesthesia, the anaesthetist will reread this statement together with you and will also sign it, to show agreement.*

I, the undersigned,.....(last name, first name)

as the patient / parent / legal representative (delete as appropriate) of the patient: .....(last name, first name)

- Agree to the proposed anaesthesia/pain management, i.e.:
    - general anaesthesia
    - plexus anaesthesia or peripheral nerve block
    - peridural or spinal anaesthesia by means of aspidal tap

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  - procedural sedation
- I have been given sufficient information about the risks, benefits and alternatives relating to the anaesthesia discussed and any post-procedural pain management. I have fully understood this information.
 

I have obtained this information from

    - website
    - information sheet/brochure
    - verbal information from a care provider:
      - risks: .....
      - benefits: .....
      - alternatives: .....
    - other: .....
  - I have read all information about the pre- and post-operative guidelines and understood them and I agree to comply with these guidelines.
  - I agree that in case of emergency, all measures should be taken to ensure my safety/health.
    - except for:.....

Signature patient/representative: .....

Date: ..... / ..... / ..... | Time: ..... h .....

Anaesthetist's name: .....

Date: ..... / ..... / ..... | Time: ..... h .....

Stamp + initials of the physician