



Minnesota Informed Consent

Consent form for surgery or invasive procedure

1. I, [print patient's name]: _____
 - a. Agree that I will have [include both the medical term and patient words]: _____

 - b. At [name of facility]: _____
 - c. The reason for this procedure is [medical condition]: _____
 - d. This will be done or supervised by: _____
 - e. My doctor may have help from others. Help could include opening and closing the wound. Help might also include taking grafts, cutting out tissue, implanting devices. I have been told who will help, if known. The key team members that will assist are:
Name/title: _____ Critical task: _____
Name/title: _____ Critical task: _____
Name/title: _____ Critical task: _____

2. I have talked to my doctor or health care team about:
 - a. What the procedure is and what will happen.
 - b. How it may help me (the benefits).
 - c. How it might harm me (the most likely and most serious risks).
 - d. The long-term effects the procedure might have.
 - e. My other choices for treatment. The risks and benefits of those choices.
 - f. What will likely happen if I say "no" to this procedure.
 - g. How I might feel right after and how quickly I can expect to recover.
 - h. What medicines will be used to manage pain or sedate me.

3. I agree that: (If I do not agree with a statement, I have crossed it out and initialed next to it.)
 - a. I will ask questions.
 - b. No one has promised me definite results.
 - c. If it is best for me, my doctor may change the plan if they find other serious problems during the procedure.
 - d. If I have "do not resuscitate" (DNR) wishes they will be put on hold during the procedure.
 - e. Students and others may watch the procedure. This must be approved by this facility.
 - f. Pictures or video may be taken. They may be used for medical or educational reasons only.
 - g. Tissues or items removed from my body may be tested. They will be disposed of with respect. Unless I agree, tissues will not be used for research or sold.

h. If a staff person is exposed to my blood or body fluids, my blood will be drawn and tested for HIV and hepatitis. The test results will go:

- To me;
- In my medical record;
- To the exposed worker. This is to decide if treatment for the worker is needed;
- To the Employee Health Services Department and/or Infection Control at this facility; and
- To Minnesota health officials.

4. Blood transfusions:

I have been told how likely it is that I will need a blood transfusion. I know the risks and benefits of receiving blood products. My doctor and I talked about other options.

- You may give me blood (blood products) if I need them during my stay and if it is related to this procedure.
 Yes
 No

5. I understand that:

- a.** I can change my mind. If I do, I must tell my doctor or team as soon as possible.
- b.** The team members may change during the procedure.
- c.** The team will double-check who I am. They will ask what I am having done. This is to protect me.

My questions have been answered. I agree to the procedure. My instructions and special needs are:

Patient (or representative) signature/Relationship to patient	Date	Time
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I have discussed the procedure and the information stated above with the patient (or patient's representative) and answered their questions. The patient or their representative consented to the procedure.

Physician or Provider signature(s)	Date	Time
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Interpreter Name (if used)	Language/Organization	Time
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I have verified that the signature is that of the patient or patient's representative. This form has been signed before the procedure.

Witness	Date	Time
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