Consent 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:

Tso cai rau kev phais mob los yog kev tho hlais qhov mob

1. Kuv [sau tus neeg mob npe]: ______________________
   
   a. Pom zoo tias kuv yuav muaj [ua ke ob hom li kev kho mob thiab neeg mob cov lus]: ______________________
   
   b. Rau ntawm [tsev kho mob npe]: ______________________
   
   c. Qhov laj thawj rau txoj kev kho no yog [tus mob]: ______________________
   
   d. Qho no yuav raug ua tiav los yog raug tswj xyuas los ntawm ______________________
   
   Lub luag num txhawj xeeb: ______________________
   
   Name/title: ______________________________________
   Critical task: ______________________________________
   
   Name/title: ______________________________________
   Critical task: ______________________________________
   
   Name/title: ______________________________________
   Critical task: ______________________________________
   
   Name/title: ______________________________________
   Critical task: ______________________________________

2. Kuv yeej tau tham nrog kuv tus kws kho mob los yog pab neeg kho mob txog:
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

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

Interpreter Name (if used)

Organization Time

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

Twb teb kuv cov lus nug tag lawm. Kuv pom zoo rau txoj kev phais. Kuv cov lus qhia paub thiab cov kev xav tau tshwj xeeb yog:

____________________________________________________________________
Neeg mob (los yog tus sawv cev) kos npe
Kev txheeb ze rau tus neeg mob
____________________________________________________________________
Hnub tim Sij Hawm

Kuv tau tham qhia txoj kev phais thiab cov ntsiab lus sau rau saum toj no nrog tus neeg mob (los yog tus neeg mob tus sawv cev) thiab tau teb lawv cov lus nug. Tus neeg mob los yog tus sawv cev rau tus neeg mob tau pom zoo rau txoj kev phais.

____________________________________________________________________
Kws Kho Mob los yog Chaw Kho Mob Kos Npe
____________________________________________________________________
Hnub tim Sij Hawm

Kuv tau tshawb qhov tseeb tias cov npe kos no yeej yog tus neeg mob los yog tus sawv cev rau tus neeg mob li tiag. Yeej kos npe rau tsab ntawv no ua ntej txoj kev phais.

____________________________________________________________________
Pov Thawj
____________________________________________________________________
Hnub tim Sij Hawm