



Minnesota Informed Consent

Consent form for surgery or invasive procedure

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:

a. What the procedure is and what will happen.

Oggolaanshaha qalitaan ama hawlgal jidhka gudihisa ah

1. Anniga [Qor magaca bukaanka oo ah xuruuf kala go'an]: _____

a. Waxa aan oggalaaday in la ii sameeyo [qor erey caafimaad iyo ereyada bukaanka]: _____

b. Oo lagu sameynayo [magaca goobta]: _____

c. Sababta loo sameynayo hawlgalkan waa [xaaladda caafimaad]: _____

d. Waxa hawshan qaban doonaa ama maareyn doona: _____

e. Dhakhtarkaygu waxa uu gargaar ka heli karaa dad kale. Gargaarka waxa ka mid noqon kara furitaanka ama xiritaanka dhaawaca. Waxa kale oo gargaarka ka mid noqon kara cad la talaalo, goynta cad, galinta qalabyo. Waa la ii sheegay cidda bixin doonta gargaarka, haddii la garanayo. Xubnaha kooxda ee muhiimka ah ee gargaar geysan doona waa:

Magac/jago: _____

Hawl muhiim ah: _____

Magac/jago: _____

Hawl muhiim ah: _____

Magac/jago: _____

Hawl muhiim ah: _____

2. Dhakhtarkayga ama kooxda caafimaadka waxa aan kala hadlay:

a. Waxa hawlgalku ku saabsan iyo waxa dhici doona.

- 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.

- b.** Sida hawlgalku ii gargaari karo (faa’iidooyinka).
- c.** Sida hawlgalku ii waxyeelayn karo (halisyaha ugu suurogalsan ee ugu culus).
- d.** Saameynnada mudada dheer ee laga yaabo in hawlgalku leeyahay.
- e.** Doorashada kale ee iiga banaan xagga daweynta. Halisyaha iyo faa’iidooyinka doorashooyinka kale.
- f.** Maxaa dhici doonaa haddii aan idhaahdo “maya” oo aan diido hawlgalkan.
- g.** Sida aan dareemi doono isla ka dib hawlgalka iyo dhakhsaha aan ku soo fiicnaan doono.
- h.** Dawooyinka la isticmaali doono si loo habeeyo xanuunka ama la ii seexiyo ama la ii dejiyo.

3. Waxa aan oggalaaday: (Haddii aanan oggalaan hadal ama qodob, waxan ku jiiday ama mariyay xariiq waxana aan meesha ku xigtay ku saxeexay magacayga oo ah xuruuf kooban.)

- a.** Waxa aan weydiin doonaa su’aalo.
- b.** Qofna iima ballanqaadin natiijooyin sugan.
- c.** Haddii ay aniga ii fiican tahay, dhakhtarkaygu wuu beddeli karaa qorshaha haddii la arko dhibaatooyin kale oo culus inta lagu jiro hawlgalka.
- d.** Haddii aan sheegay rabitaan ah “yaan la i soo nooleyn” oo gargaar deg deg ah la ii samayn ama “yaan dib-loo-dhaqaajin wadnahayga iyo sambabkayga” (do not resuscitate) (DNR), dib baa loo dhigi doonaa rabitaankaa inta lagu jiro hawlgalka.
- e.** Ardayda iyo dadka kale ayaa daawan kara hawlgalka. Waa in taas ay oggolaato goobtu ama cisbitaalku.
- f.** Waa la qaadi karaa sawiro ama fiidiyow. Waa in loo isticmaalaa kaliya ujeedooyin caafimaad ama waxbarasho.
- g.** Cadka ama waxyaabaha laga saaro jidhkayga waa la baadhi karaa. Waxaana loo asturi doonaa si ixtiraam leh. Haddii aanan oggalaan, cadka looma isticmaali doono cilmi-baadhis ama iibin.

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.

h. Haddii dhiiggayga ama dheecaanada jidhkaygu gaadhaan qof ka tirsan shaqaalaha, dhiig baa la iga qaadi doonaa waxana laga baadhi doonaa HIV iyo cagaarshow/joonis. Natiijooyinka ka soo baxa baadhitaanka waxa loo gudbin doonaa:

- Anniga;
- Diiwaankayga caafimaadka;
- Shaqaalaha uu gaadhay dhiiggaygu ama dheecaankaygu. Waxa tan looga dan leeyahay in go'aan laga gaadho in shaqaaluhu daweyn u baahan yahay iyo in kale;
- Employee Health Services Department (Waaxda Adeegyada Caafimaadka ee Shaqaalaha) iyo/ama Infection Control (Waaxda Xakameynta Fidista Cudurada) ee goobtan ama cisbitaalkan; iyo
- Saraakiisha caafimaadka ee Minnesota.

4. Ku-shubista dhiigga;

Waa la ii sheegay inta uu yahay suurogalka inaan u baahdo ku-shubis dhiig. Waan garanayaa halisyaha iyo faa'iidooyinka ku-shubista dhiig iyo waxyaabo ka sameysan dhiig. Dhakhtarkayga iyo anigu waxa aan ka wada hadalnay wixii ah doorashooyin kale ee ii banaan.

- Waad i siin kartaan dhiig (waxyaabo ka sameysan dhiig) haddii aan u xidhiidho baahdo inta lagu jiro joogitaankayga isla markaana ay taasi la hawlgalkan. Haa May

5. Waan fahmay waxyaabahan:

- a.** Waan beddeli karaa go'aankayga. Haddii aan beddelo, waa inaan sida ugu dhakhsaha badan ee suurogalka ah ugu sheego dhakhtarkayga ama kooxda.
- b.** Xubnaha kooxda waa la beddeli karaa inta lagu jiro hawlgalka.
- c.** Kooxdu waxay mar labaad habsan doontaa qofka aan ahay. Waxay i weydiin doonaan waxa la ii qabanayo. Tan waxa loola jeedaa si la ii badbaadiyo.

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

Waa laga jawaabay su'aalahayga. Waan oggalaaday hawlgalka. Fariimahayga iyo baahiyahayga gaarka ahi waa: _____

Patient (or representative) signature/
Relationship to patient

Saxeexa bukaanka (ama wakiilkiisa)/
Waxa la isu yahay bukaanka

Date

Time

Taariikh

Wakhti

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.

Hawlgalka iyo warka kor lagu sheegay waxa aan kala hadlay bukaanka (ama wakiilka bukaanka) waanan ka jawaabay su'alahoodii. Bukaanka ama wakiilkiisa ayaa oggalaaday hawlgalka.

Physician or Provider signature(s)

Saxeexa Dhakhtarka ama Adeeg-bixiyaha

Date

Time

Taariikh

Wakhti

Interpreter Name (if used)

Magaca Turjubaanka (haddii la isticmaalay)

Language/ Organization

Time

Afka/ Shirkadda

Wakhti

I have verified that the signature is that of the patient or patient's representative. This form has been signed before the procedure.

Waan hubiyay in saxeexu yahay saxeexa bukaanka ama wakiilka bukaanka. Warqaddan ama foomkan waxa la saxeexay ka hor hawlgalka.

Witness

Markhaati

Date

Time

Taariikh

Wakhti