|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| C:\Users\arj\Desktop\IMG-20200615-WA0001.jpgFile number:**Informed consent form for diagnostic/therapeutic/surgical and anesthesia services in Karmania hospital** | Name:  | Surname: | Date of birth: | Date of admission: | Ward: |
| Patient status at the entering moment:Emergency Elective | Father’s name: | Curer doctor: | Admission code: |
| This section has to complete by the curer doctor. |
| I’m Dr. ………………….., the patient’s curer doctor. I presented enough explanations and awareness about diagnostic /therapeutic /surgical services, benefits, effects, possible outcomes and alternative methods to the patient or his/her legal guardian which include:* Benefits of the suggested diagnostic /therapeutic /surgical services: ………………………………………………………………
* Important effects or possible outcomes of suggested diagnostic /therapeutic /surgical services: ……………………
* Diagnostic /therapeutic /surgical alternative methods with benefits and possible outcomes: …………………………
* Effects of rejecting the suggested diagnostic /therapeutic /surgical service: …………………………………………………..
 |
| Doctor’s stamp and signature: | Date and time of obtaining the consent: |
| the patient or his/her legal guardian, Visa number: …………………….., Date of birth: ……………………..I’m informed (heard and understood) about the explanations, benefits, effects, possible outcomes, alternative methods and effects of rejecting the service. Here, in presence of Mr./Mrs. ………………….., I announce my satisfaction for receiving the suggested service with freedom, knowledge and complete perception. Also, I understand that the real/legal providers (diagnostic/therapeutic) are innocent of responsibility and guarantee related to possible outcomes in spite of respecting scientific, technical and legal principles and I have no criminal/legal claim.  |
| Patient’s or guardian’s stamp and signature: | Date and time of obtaining the consent: |
| This section has to complete by the anesthesiologist. |
| I’m Dr. …………………..,, the patient’s anesthesiologist. I presented enough explanations and awareness to Mr./Mrs. ………………….., the patient or his/her legal guardian, which include:* Benefits of the suggested anesthesia method: ………………………………………………………………………………………………..
* Important effects or possible outcomes of the suggested anesthesia method: ……………………………………………….
* Alternative methods with benefits and possible outcomes of the suggested anesthesia method: …………………..
* Effects of rejecting the suggested anesthesia method: ……………………………………………………………………………………
 |
| Anesthesiologist’s stamp and signature: | Date and time of obtaining the consent: |
| This section has to complete by the patient / legal guardian. |
| the patient or his/her legal guardian, Visa number: …………………….., Date of birth: ……………………..I’m informed (heard and understood) about the benefits, effects, possible outcomes, alternative methods and effects of rejecting the anesthesia. Here, in presence of Mr./Mrs. ………………….., I announce my satisfaction for receiving the suggested service with freedom, knowledge and complete perception. Also, I understand that the real/legal providers (diagnostic/therapeutic) are innocent of responsibility and guarantee related to possible outcomes in spite of respecting scientific, technical and legal principles and I have no criminal/legal claim. |
| Patient’s or guardian’s stamp and signature: | Date and time of obtaining the consent: |
| In case of dissatisfaction of receiving the suggested diagnostic/therapeutic/surgical/anesthesia services |
| Hereby, I’m adequately informed about the suggested services necessity by the curer team but announce my withdrawal from receiving these services. Also, I understand that the real/legal providers (diagnostic/therapeutic) are innocent of criminal and legal prosecution and I’m responsible for not receiving the services, the effects and outcomes of this decision.  |
| Patient’s or guardian’s stamp and signature: | Curer doctor’s stamp and signature: | Supervisor’s stamp and signature: |
| First witness: name and surname: ……………………………….Visa number: ………….., relation with the patient: ………..Stamp and signature: | second witness: name and surname: ……………………………….Visa number: ………….., relation with the patient: ………..Stamp and signature: |

* Invasive diagnostic and therapeutic procedures require making cut on the skin, implanting a device or external materials inside the body. In these cases, service providers present necessary explanations about benefits, risks and possible complications of these procedures, consequences of leaving the treatment, alternative treatment method (non-invasive according to effectiveness and risks) and the opportunity for free decision making by service providers to the patient/legal guardian in an understandable way. After these explanations, patient’s informed consent is acceptable.
* Patient consent for diagnostic/therapeutic/surgical procedures is obtained only by the curer doctor with a legible ID card and a mounted photo on his/her chest. The patient/guardian is allowed to ask the doctor and ensure the contents of the consent form and it’s correct understanding.
* Items requiring informed consent: Invasive diagnostic and therapeutic procedures, before surgical interventions, scopy, shock therapy, radiotherapy, diagnostic radiation, chemotherapy, angiography, anesthesia, moderate to deep sedation, use of blood and its products, dialysis and plasmapheresis.
* Important points:
* Informed consent is a right of the service recipient and isn’t substitute or equivalent of acquittal from the consequences of service providing.
* Each informed consent validity period is up to 30 days.
* The patient can withdraw his/her consent at any time.
* According to the Islamic penal rule, consent is not required in urgent, emergency and life-threatening cases.

Legally, a situation called emergency if a delay in treatment leads to the patient’s death or irreversible damage (amputation, disability, etc.).

* Setting a foley catheter or a gastric tube, opening a peripheral vein and intravenous injection are not invasive procedures.
* Disease prophylaxis doesn’t require informed consent after exposure and prophylaxis before/during surgery.
* If condition remains stable, patient consent can be obtained one time undergoing special treatment programs such as chemotherapy, frequent blood transfusion, plasma pheresis, peritoneal and hemodialysis. This consent is valid for 1 year in a stable condition (no change in treatment method, alternative method, possible risks and benefits, patient’s capacity for giving consent and not to withdraw the previous consent).
* Minimum necessary information must be provided to the patient before obtaining informed consent:
* Health staff’s name, position, technical qualification and experience
* Recommended treatment method
* Benefits and effectiveness of the recommended treatment method and alternative method (invasive or non-invasive) and their comparison
* Risks of the recommended treatment method with the justification of the risk amount, alternative method and their comparison
* Consequences of leaving the recommended treatment method and the alternative
* Diagnostic and therapeutic procedures required after the provided treatment and subsequent costs
* The social consequences of the treatment method (permanent or temporary disability), need of care after discharge and special care considerations, etc.
* Important points:
* Confirmation of the patient/guardian identity based on valid identity documents is required at the time of obtaining informed consent.
* If the patient has reached legal age (18 years old), consent is obtained from the patient and if not, his/her legal guardian has to complete the form.
* Legally, the guardian is the patient’s father, paternal ancestor, ruler of Sharia and in special situation, relatives.
* The consenter must be sane, mature and have legal capacity. So, the consent of minor, insane and drunk patient has no legal value.