

Surname:	Forename:	D.O.B:	Gender:
NHS No:	Responsible Health Professional:		

PATIENT CONSENT/AGREEMENT TO INVESTIGATION OR TREATMENT

Name of proposed procedure or course of treatment (include brief explanation if medical term not clear) –

Toenail avulsion with a digital ring block of local anaesthetic and a digital tourniquet used- of the: - right / left / both toe 1 / 2 / 3 / 4 / 5 – fibular / tibial / total –

Statement of health professional (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy) I have explained the procedure to the patient. In particular, I have explained: The intended benefits: – **are to cure ingrown toenail and relieve pain**

Serious or frequently occurring risks – **faint, re-growth, post op infection, anaphylaxis, phenol flare, allergy to dressings, post op bleeding, prolonged numbness, Complex Regional Pain Syndrome**

Any extra procedures which may become necessary during the procedure

- Blood Transfusion
- Other procedure (please specify) – **intramuscular adrenaline if anaphylaxis**

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

- The following leaflet/tape has been provided – **pre op leaflet**

This procedure will involve:

- General and or regional anaesthesia
- local anaesthesia
- sedation

Signed: Date:

Name (PRINT) Job title – **Community Podiatrist**

Contact Details (if patient wishes to discuss options later)

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Statement of interpreter (where appropriate) I have interpreted the information above to the patient to the best of my ability and in a way in which I believe they can understand.

Signed: Date:

Name (PRINT)

Statement of Patient: Please read this form carefully. If your treatment has been planned in advance, you will have been described the benefits and risks of the proposed treatment. If you have any further questions, do ask – we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

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Patient's signature Date

Name (PRINT)

A witness should sign below if the patient is unable to sign but has indicated their consent. Young people/children may also like a parent to sign here (see notes)

Signature Date

Name (PRINT)

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