

Patient details

Consent form

Patient agreement to endoscopic
investigation or treatment

Statement of health professional *(to be filled in by a health professional with appropriate knowledge of proposed procedure, as specified in the consent policy)*

In response to a request for further information I have explained the procedure to the patient. In particular, I have explained:

The intended benefits

1. To diagnose and treat a possible cause of your symptoms
2. To review the findings of any previous endoscopy

Serious or frequently occurring risks

Endoscopy risks: Perforation, bleeding, damage to teeth

Sedation or throat spray risks: Adverse reaction to any of these agents

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment), any extra procedures which may become necessary and any particular concerns of those involved.

Signed

Date

Name (print in capitals)

Job title

Statement of interpreter *(where appropriate)*

I have interpreted the information above to the patient/parent to the best of my ability and in a way in which I believe she/he/they can understand.

Signed

Date

Name (print in capitals)