Consent Form 1

NHS
Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Patient Agreement to Investigation or Treatment

Patient Forename(s)		Consultant	
Patient Surname		Job Title	
Date of Birth		Hospital Number	
Gender		NHS Number	

Name of proposed procedure or course of treatment:

Gastroscopy +/- biopsies

Additional procedures: .....

.....

Statement of Health Professional

I have explained the procedure to the patient. In particular, I have explained:

The intended benefits:	To find the cause of symptoms, assess disease or treat the findings of previous tests
Serious or frequently occurring risks:	**Minor:** • Discomfort, bloating, sore throat, damage to teeth/dentures **Major:** • Side effects of sedation (if applicable) - breathing and blood pressure problems • Bleeding or perforation - very rare • Missed lesions - very rare

Risks of additional procedures: .....

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

Sedation to be used: **Local anaesthetic throat spray** ☐ **Throat spray + iv sedation** ☐
Intravenous sedation ☐

Healthcare Professional's Signature		Date	
Name (PRINT)		Job Title	

Statement of Patient

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 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 listed below any procedures **which I do not wish to be carried out** without further discussion:

.....

I understand that I can withdraw consent at any time before the procedure, even after I have signed this form.

Patient's Signature		Date	

Confirmation of Consent

On behalf of the team treating the patient, I have confirmed with the patient that he/she has no further questions and wishes the procedure to go ahead.

Endoscopist's Signature		Date	
Name (PRINT)		Job Title	

Consent Form 1

Wrightington, Wigan and Leigh NHS
NHS Foundation Trust

Patient Agreement to Investigation or Treatment

Patient Forename(s)		Consultant	
Patient Surname		Job Title	
Date of Birth		Hospital Number	
Gender		NHS Number	

Name of proposed procedure or course of treatment:

Flexible sigmoidoscopy +/- biopsies +/- polyp removal

Additional procedures: .....

.....

Statement of Health Professional

I have explained the procedure to the patient. In particular, I have explained:

The intended benefits:	To find the cause of symptoms, assess disease or treat the findings of previous tests
Serious or frequently occurring risks:	**Minor:** • Discomfort, bloating, abdominal pain **Major:** • Side effects of sedation - breathing and blood pressure problems (rare) • Bleeding or perforation - rare (but may be higher if polyp removal is needed) • Missed lesions - rare (but may be higher if bowel preparation is poor)

Risks of additional procedures: .....

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

Sedation to be used: **Intravenous sedation** ☐ **No intravenous sedation** ☐ **Entonox** ☐

Healthcare Professional's Signature		Date	
Name (PRINT)		Job Title	

Statement of Patient

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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 listed below any procedures **which I do not wish to be carried out** without further discussion:

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Patient's Signature		Date	

Confirmation of Consent

On behalf of the team treating the patient, I have confirmed with the patient that he/she has no further questions and wishes the procedure to go ahead.

Endoscopist's Signature		Date	
Name (PRINT)		Job Title	

Consent Form 1 Wrightington, Wigan and Leigh NHS

NHS Foundation Trust

Patient Agreement to Investigation or Treatment

Patient Forename(s)		Consultant	
Patient Surname		Job Title	
Date of Birth		Hospital Number	
Gender		NHS Number	

Name of proposed procedure or course of treatment:

Colonoscopy +/- biopsies +/- polyp removal

Additional procedures: .....

.....

Statement of Health Professional

I have explained the procedure to the patient. In particular, I have explained:

The intended benefits:	To find the cause of symptoms, assess disease or treat the findings of previous tests
Serious or frequently occurring risks:	**Minor:** • Discomfort, bloating, abdominal pain **Major:** • Side effects of sedation - breathing and blood pressure problems (rare) • Bleeding or perforation - rare (but may be higher if polyp removal is needed) • Missed lesions - rare (but may be higher if bowel preparation is poor)

Risks of additional procedures: .....

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

Sedation to be used: Intravenous sedation/pain killers ☐ **No intravenous sedation** ☐ **Entonox** ☐

Healthcare Professional's Signature		Date	
Name (PRINT)		Job Title	

Statement of Patient

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Patient's Signature		Date	

Confirmation of Consent

On behalf of the team treating the patient, I have confirmed with the patient that he/she has no further questions and wishes the procedure to go ahead.

Endoscopist's Signature		Date	
Name (PRINT)		Job Title	