

CONSENT FORM – INTERVENTIONAL PROCEDURES

Patient Name (Place label)	Name _____
	Address _____
	Phone _____ Mobile _____
	DOB _____ / _____ / _____

Procedure (circle relevant)		
Cortisone Injection	Biopsy	FNA

General Risk of a Procedure <ul style="list-style-type: none"> • Infection • Bleeding • Mild pain at the injection/biopsy site
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After Care following Procedure <ul style="list-style-type: none"> • Avoid driving for 2-4 hours • Let the injection/FNA site rest for 2-4 hours • No heavy lifting for 24 hours • Normal to have some pain after the local anaesthetic wears off • Panadol can be used for pain relief is needed • See you GP if pain persists for 24 hours • If you feel unwell immediately after your procedure, please let our staff know.

Parent or Parent/Guardian Consent to Procedure <p>I fully understand the proposed treatment for myself/on behalf of the patient named above.</p> <p>I understand significant risks and problems specific to the procedure, and likely outcomes if complications occur.</p> <p>I understand the relevant treatment options as well as the risks of NOT having the procedure.</p> <p>I will discuss with my referring GP/clinician about additional procedures or treatments which may be required, depending on the outcome of results.</p> <p>*Please discuss any relevant information with the Doctor at the time of examination if clarification is required.</p> <p>Signature _____ Print Name _____</p> <p>Date _____ / _____ / _____</p>

Patient Name

(Place label)

Doctor/Practitioner to Sign

I, Dr _____ have explained the procedure and risks to the patient.

Signature of Medical Practitioner _____ Date _____ / _____ / _____

DATE	DRUG	DOSE	ADMIN	SIGNED

NOTES

CHECKLIST

SONOGRAPHER TO CHECK	Yes/No	Initialed
Patient consent obtained		
Radiologist signed		
Patient aftercare handout given		