

## Appendix 10: Template – Health Status, Risk and Consent form

Patient Full Name:

Date of Birth:

Address:

Contact telephone no.:

Site identifier:

Today a <Insert procedure name> is going to be performed.

### What will happen during the procedure?

< Provide a description of the procedure >

### What are the risks?

< Insert an explanation of the possible risks here >

**Patient health status can have a significant effect on the risks to a patient undergoing a procedure. Please list the indicators that may influence the risk of this procedure:**

Allergy/asthma status

Diabetes status

Kidney, heart, thyroid disease

Pregnancy and/or breastfeeding status

Medications that the patient is currently taking, including herbal and over-the-counter supplements

Implanted medical devices such as pacemakers, stents and cochlear implants

Previous reactions to contrast

### After the procedure - things you need to know.

How the patient may feel

Instructions for ongoing care after the procedure

Instructions for reporting adverse effects

The above information has been explained to me and I consent to the procedure:

Name (Please print)

Witness (please print)

Signed

Signed

Date

Date