

Informed Consent Form – CSA

Patient _____ Date _____

The diagnosis requiring this procedure is _____

This procedure is known as _____

The purpose of this procedure is _____

I understand that this procedure is done in the following way: _____

My doctor has explained that this procedure is usually safe, but there may be a small risk of the following complications: (I have been told if these complications could apply in this case.)

Bleeding

Pain

Infection

Injury to other structures or organs

Death

Possibility of having to change to a “big” incision

My doctor has explained the following:

- a. Alternatives to this procedure
- b. Whether or not this procedure will take care of my symptoms (now and later)
- c. How long the procedure will take
- d. How long it will be before I can return to work and normal activities

I understand that I can refuse this procedure. My doctor has explained what would happen if:

- a. I choose to delay this procedure.
- b. I choose not to have this procedure.

My doctor has explained whether or not there will be anesthesia.

I understand that I can ask questions, and I have had my questions answered satisfactorily.

My doctor and I have discussed what support systems (family, transportation, finances) I have to help me before and after this procedure.

By signing, I acknowledge that I have read or had this form read to me, that I understand it, have had the opportunity to ask questions, and that they have been answered satisfactorily. I hereby voluntarily request and consent for the procedure to be performed by Dr. _____ and assistants.

Person giving consent _____ Date _____ Time _____

Relationship to patient, if not the patient _____

Patient unable to sign because: _____

Additional materials used, if any, during the consent process include _____