North Bay Regional Health Centre

Consent to Treatment

Section A: To be completed by the Health Care Practitioner proposing the treatment.

1.

I, _____ or I, _____
Print Name of Patient — Print Name of Substitute Decision Maker (SDM) on behalf of the patient

on behalf of my _____ _____
Relationship — Print Name of Patient

consent to the following treatment: (Where appropriate, include medical terminology, as well as lay person's terms and indicate Right/Left): _____

_____

_____

As ordered by or to be performed by: _____
Name of health practitioner proposing treatment

2. The nature of the treatment, expected benefits, material risks, material side effects, alternative course(s) of action and likely consequences of not having the treatment have been explained to me by:

_____
Name of health practitioner proposing treatment

3. I confirm that I understand and am satisfied with the explanations I have been given and I have received responses to my requests for additional information.
4. I consent to all preliminary and related procedures and to the administration of general and/or other anaesthetics and to such additional or alternative procedures as may be considered medically necessary during the course of the above procedure(s).
5. I agree that other health practitioners may assist in providing the treatment as directed by, and under the supervision of, the health practitioner proposing treatment at his or her discretion.
6. I understand that photographs, videos and/or sound recordings may be taken for purposes relating to the treatment, and where taken for these purposes will be maintained as part of my health record at North Bay Regional Health Centre.

I have read the above consent to treatment form or it has been read and explained to me and I understand and agree to its contents.

Date: _____

Patient or SDM Signature: _____ Patient or SDM Print Name and relationship: _____

Witness Signature: _____ Witness Print Name: _____

2nd Witness Signature: _____ 2nd Witness Print Name: _____

See instruction #8 on back of sheet:

See reverse for Consent or refusal of transfusion of blood and/or blood products

Section B: Consent or refusal of transfusion of blood and/or blood products

To be completed by patient / SDM where transfusion of blood and/or blood products is anticipated or possible.

1. I have been advised and understand that as part of the treatment, I/the patient may / will receive a transfusion of blood, a blood component or product manufactured from blood.
2. I understand what a blood transfusion is, and have had the expected benefits, material risks and side effects of a blood transfusion, the alternative courses of action, and the likely consequences of not having a blood transfusion explained to me. I have had the opportunity to ask questions and have had all my questions answered to my satisfaction. I understand the information provided to me.
3. I agree to release and hold harmless the health practitioner(s), the NBRHC and its employees from any liability resulting from the failure to administer or continue to administer blood or blood product(s).

☐ I _____ **consent to transfusion of blood and/or blood products, if required.**

Print Name of Patient or Substitute Decision Maker

Patient / SDM Signature: _____ Patient / SDM Print Name: _____

Witness Signature _____ Witness Print Name: _____

Instructions for Completion of Form:

1. The health practitioner proposing the treatment is responsible for obtaining informed consent and for determining the capacity of the patient to provide such consent.
2. There are no age restrictions in the Province of Ontario for a person to provide consent.
3. The patient's (or substitute decision maker's) signature must be witnessed on the consent form. In witnessing a signature, the witness confirms that the person who signed the document is who he or she purports to be and that he or she has signed it voluntarily.
4. Where the individual witnessing the consent is a regulated health practitioner, he or she shall verify with the patient that informed consent has been obtained (i.e. the patient has discussed the matter to his or her satisfaction with the health practitioner proposing treatment. If the patient has further questions or wishes to make changes to the consent form, the patient must be referred back to the physician for further clarification or explanation).
5. The patient or substitute decision maker signing on behalf of the patient must sign the consent only after informed consent has been obtained.
6. If the patient is incapable with respect to treatment, the patient's substitute decision maker is entitled to the information the patient would require and will consent to, or refuse treatment on the patient's behalf.
7. The name of the witness must be clearly printed beside his or her signature.
8. The signature of a second witness is required if the patient is illiterate, blind or requires an interpreter, signs a mark or if the consent is obtained by telephone.