



Patient Identification

Empty box for patient identification details.

Consent to Treatment

I, _____ hereby authorize _____ to perform the proposed procedure(s) described below (including all preliminary and related procedures, and any additional or alternative procedures as may become medically necessary during the course of the diagnostic procedure and/or treatment).

Two horizontal lines for signature and name.

I understand that the Kensington Eye Institute is a teaching institute. I therefore give consent for supervised health practitioners-in-training to participate in my care. I further agree that at his/her discretion, my physician (or other health practitioner) may call upon the assistance of other institute staff as appropriate, and may allow them to order or perform all or part of the diagnostic procedure(s) and/or treatment(s) and they shall have the same discretion in my investigation/treatment as my health practitioner.

I understand that my surgery may be videotaped for educational purposes and give permission for obtaining the video and using the video as needed by my physician(s).

I confirm that the nature of the treatment(s), expected benefits, material side effects, material risks, special or unusual risks, alternative courses of action, as well as the consequences of not having the treatment, have been explained to me by my _____ in a manner that I understand.

(Health Practitioner)

Date Signature of Patient/Substitute Decision Maker

If Substitute Decision Maker, you must state relationship and complete Identification of Substitute Decision Maker form.

Name of Interpreter (please print) Signature of Interpreter

TO BE COMPLETED BY PHYSICIAN/HEALTH PRACTITIONER

(N.B. Failure to complete this portion of the consent form may result in the withholding of treatment to this patient.)

I confirm that I have explained the nature of the treatment(s), expected benefits, material side effects, the material risks, special or unusual risks, alternative courses of action as well as the likely consequences of not having the treatment and answered all questions.

Date Health Practitioner