

SMDCC - CONSENT TO ATTEND FOR TREATMENT (AF3)

Dr/ Prof _____ has discussed my condition/

diagnosis of _____ and

has recommended the following treatment _____

- ✓ I have received information about the treatment including the benefits, risks and alternatives.
- ✓ I have had the opportunity to consider this treatment and ask questions. I am satisfied with the answers to my questions.

I understand the nature of the treatment and that understand that the treatment may carry risks and possible side effects, and these have been explained to me.

- ✓ I consent to adjustments to the above treatment as needed on response to treatment and side effects.
- ✓ I understand that I can withdraw my consent for treatment at any time.

I hereby consent to the treatment above for myself / person under my care.

Name: _____

Signature: _____

Guardian / Carer Signature: _____

Date: _____/_____/_____