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