

Consent Form 3 Foreign language pack

CHINESE

This pack contains:

- One Chinese language Consent Form 3 - [CHA2876](#)
This is set out identically to the Trust's current Consent Form 3
- One English language Consent Form 3 CHA2335 for reference. This includes guidance notes for help and support.

Please complete the foreign language consent form and file in the patient's health record.

The patient should be given a photocopy of the completed foreign language consent form.

供Cornwall使用的同意表

同意表3

意识清楚之下的
小型诊查或治疗

成人和父母同意进行
诊查或治疗

同意表3

供Cornwall使用 病人/父母的同意书

(意识清醒之下的手术)

手术或治疗的名称

(如果医学名词不明确, 将包含简单的说明)

.....
.....
.....

NHS号码:
病人姓名:
地址:
出生日期:
CR 号码:

特别要求
(例如其它语言和其它交流方式等等)

责任健康专业人士

职位

健康专业人士的声明 (将由对所建议的并在同意政策中所明确说明的手术有着适当知识的健康专业人士填写)

我已经向病人/父母解释了手术。我特别说明了:

意图达到的获益

重大的、不可避免的或经常产生的风险

我还讨论了手术中很可能会涉及到的事宜, 可获得的任何其它手术(包括不进行治疗)的益处和风险, 以及那些相关人士的任何特定担忧。

已经提供了以下的宣传单/磁带:

签名 日期

姓名(印刷体) 职务

口语译员的声明 (在适用时使用)

我以我的最佳能力, 使用口语向病人/父母翻译了上述的信息, 并是采用了我认为他们可以理解的方式。

签名 日期

姓名(印刷体)

请确保病人的识别详情和标识皆列在两份副本中



病人/具有父母责任之人士的声明

我同意 进行上文中所描述的手术, 然而, 该位人士将有着适当的经验。

我知道: 你不能向我保证将由哪位特定人士来操作手术。

我知道: 手术将包括/不包括有局部麻醉。

我同意/不同意: 任何的组织和体液样本可能会被匿名使用, 并就质量控制或其它技术目的而储存 [~~删去不适用的选项~~]。

我同意/不同意: 任何的组织和体液样本可能会被匿名使用, 并就临床教学之目的而储存 [~~删去不适用的选项~~]。

我同意/不同意: 任何的组织和体液样本可能会被匿名使用, 并为获伦理批准之研究而储存 [~~删去不适用的选项~~]。

我在下文中所列出的任何医学研究种类, 皆是我所不希望我的/我的孩子的样本被用于的:

.....
.....
.....
.....

签名 日期

姓名(印刷体) 与病人的关系

确认同意 (如果父母/负有父母责任的人士/儿童是提前签署了表格, 那么在儿童入院接受手术时, 将由健康专业人士完成)

我已确认, 病人/父母没用任何的进一步问题, 并希望手术进行。

签名 日期

姓名(印刷体) 职位

请折叠以便插入健康记录

黄色顶端的副本—健康记录
病人是否接受了白色副本: “是”或“否” (请画圈)
注意: 参看封面内页的给予健康专业人士的指南

Consent form for use in Cornwall

Consent Form 3

**Minor investigation or treatment
procedures where consciousness not impaired**

**Adult and parental agreement to
investigation or treatment**

Guidance to Health Professionals (to be read in conjunction with consent policy)

What a consent form is for

This form documents the patient's agreement (or that of a person with parental responsibility for the patient) to go ahead with the investigation or treatment you have proposed. It is only designed for procedures where the patient is expected to remain alert throughout and where an anaesthetist is not involved in their care: for example for drug therapy where written consent is deemed appropriate. In other circumstances you should use either Form 1 (for adults/competent children) or Form 2 (parental consent for children/young people) as appropriate.

Consent forms are not legal waivers - if patients, for example, do not receive enough information on which to base their decision, then the consent may not be valid, even though the form has been signed. Patients also have the right to change their minds after the form has been signed.

Who can give consent

Everyone aged 16 or more is presumed to be competent to give consent for themselves, unless the opposite is demonstrated. If a child under the age of 16 has sufficient understanding and intelligence to enable him or her to understand fully what is proposed, then he or she will be competent to give consent for himself or herself. Young people aged 16 and 17, and legally competent younger children, may therefore sign this form for themselves, if they wish. If the child is not able to give consent for himself or herself, someone with parental responsibility may do so on their behalf. Even where a child is able to give consent for himself or herself, you should always involve those with parental responsibility in the child's care, unless the child specifically asks you not to do so. If a patient is mentally competent to give consent but is physically unable to sign a form, you should complete this form as usual, and ask an independent witness to confirm that the patient has given consent orally or non-verbally.

When NOT to use this form

If the patient is 18 or over and lacks capacity to give consent, you should use form 4 (form for adults who lack capacity to consent to treatment) instead of this form. A patient lacks capacity if they have an impairment of the mind or brain or disturbance affecting the way their mind or brain works and they cannot:

- understand information about the decision to be made
- retain that information in their mind
- use or weigh that information as part of the decision-making process, or
- communicate their decision (by talking, using sign language or any other means).

You should always take all reasonable steps (for example involving more specialist colleagues) to support a patient in making their own decision, before concluding that they are unable to do so.

Relatives **cannot** be asked to sign this form on behalf of an adult who lacks capacity to consent for themselves, unless they have been given the authority to do so under a Lasting Power of Attorney, or as a court appointed deputy.

Information

Information about what the treatment will involve, its benefits and risks (including side-effects and complications) and the alternatives to the particular procedure proposed, is crucial for patients when making up their minds about treatment. The courts have stated that patients should be told about 'significant risks which would affect the judgement of a reasonable patient'. 'Significant' has not been legally defined, but the GMC requires doctors to tell patients about 'serious or frequently occurring' risks. In addition if patients make clear they have particular concerns about certain kinds of risk, you should make sure they are informed about these risks, even if they are very small or rare. You should always answer questions honestly. Sometimes, patients may make it clear that they do not want to have any information about the options, but want you to decide on their behalf. In such circumstances, you should do your best to ensure that the patient receives at least very basic information about what is proposed. Where information is refused, you should document this overleaf or in the patient's notes.

The law on consent

See the Department of Health's *Reference Guide to Consent for Examination or Treatment* for a comprehensive summary of the law on consent (also available at www.doh.gov.uk/consent).

CONSENT FORM 3

For use in Cornwall

PATIENT/PARENTAL AGREEMENT

(Procedures where consciousness not impaired)

Name of procedure or treatment

(including brief explanation if medical term not clear)

.....
.....
.....

NHS number:.....
Name of patient:.....
Address:.....
Date of birth:.....
CR number:.....

Special Requirements
(e.g. other language, other communication
method etc.)

Responsible health professional

Job title

Statement of Health Professional (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient / parent. In particular, I have explained:

The intended benefits

Significant, unavoidable or frequently occurring risks

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of those involved.

The following leaflet / tape has been provided

Signed Date

Name (PRINT) job title

Statement of interpreter (where appropriate)

I have interpreted the information above to the patient / parent to the best of my ability and in a way in which I believe they can understand.

Signed Date

Name (PRINT)

Please ensure Patient identifier details/label is on both copies



Statement of patient / person with parental responsibility

I agree to the procedure described above.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that the procedure will/will not involve local anaesthesia.

I agree / disagree that tissue and fluid samples may be used anonymously and stored for quality control and other technical purposes *[delete as appropriate]*.

I agree / disagree that tissue and fluid samples may be used anonymously and stored for clinical education *[delete as appropriate]*.

I agree / disagree that tissue and fluid samples may be used anonymously and stored for ethically approved research *[delete as appropriate]*.

I have listed below any type of medical research for which I do not wish my / my child's samples to be used:

.....
.....
.....

Signature Date

Name (PRINT) Relationship to patient

Confirmation of Consent (to be completed by health professional when the patient is admitted for the procedure, if the patient / parent has signed the form in advance)

I have confirmed that the patient / parent has no further questions and wishes the procedure to go ahead.

Signed Date

Name (PRINT) Job title

PLEASE FOLD FOR INSERTION INTO HEALTH RECORDS

YELLOW TOP COPY FOR HEALTH RECORDS

White copy accepted by patient/parent: YES or NO (please ring)
N.B. See Guidance to Health Professionals on inside cover