

After reading this information, you will need to sign the consent form after you have spoken with the Gastroenterologist. Prior to this, you must complete the following item check list:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Are you satisfied with the reason you are having the upper endoscopy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you understand what will happen during the upper endoscopy?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you understand the alternatives to an upper endoscopy?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you understand the risks of an upper endoscopy?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you understand the risks of damage to teeth and mouth that the doctor and hospital will not be liable for? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you understand the possible reaction to the anaesthetic? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I have arranged for a responsible adult to drive me home and stay with me for 12 hours after my procedure | <input type="checkbox"/> | <input type="checkbox"/> |

Adhere Patient Identification Label Here

Safety Check: Procedure Time Out

- Correct Patient
 Correct Procedure

Dr. _____

Nurse _____

If you have answered NO to any of these questions, you will require further information from your referring doctor or a consultation with one of our Gastroenterologists prior to your procedure and you may need to reschedule your appointment.

I have read and acknowledged this consent
(First Name) **(Surname)** and information sheet.

I have read and acknowledge that I have been given information and understand:

1. The reason for my upper endoscopy;
2. What is involved with the preparation for upper endoscopy;
3. What is involved during upper endoscopy;
4. The type of therapies performed, including polypectomy and other procedures that may be required;
5. What to expect following an upper endoscopy;
6. The risks of an upper endoscopy, including damage to teeth and mouth;
7. Alternatives to an upper endoscopy;
8. The possible reaction to the anaesthetic;
9. The need for a responsible adult to drive me home and stay with me for 12 hours after my procedure.

I ACKNOWLEDGE THE NATURE OF THE PROCEDURE HAS BEEN FULLY EXPLAINED AND I REQUEST THAT THE UPPER ENDOSCOPY AND POSSIBLE POLYPECTOMY BE CARRIED OUT AND SEDATION BE ADMINISTERED. I ALSO AGREE TO ANY FURTHER THERAPIES THAT NEED TO BE PERFORMED DURING THE UPPER ENDOSCOPY, AS OUTLINED IN THESE INFORMATION SHEETS. I UNDERSTAND THE COSTS INVOLVED IN HAVING THE PROCEDURE PERFORMED AND AGREE TO BE RESPONSIBLE FOR THE COSTS.

I agree to recover in the surgery following my procedure until I am fit for discharge. I understand a responsible adult must accompany me home and remain with me for 12 hours after the procedure. I understand that I cannot use public transport or a taxi to get home without an adult companion. I understand I cannot drive a vehicle, operate machinery or place myself in any situation where sedation could be hazardous for the next 12 hours.

.....
 Patient's Signature

Date:.....

.....
Gastroenterologist's Signature

.....
Gastroenterologist's Name

**OESOPHAGEAL DILATATION CONSENT
 (Only sign this consent if you are having an Oesophageal Dilatation)**

I have read the information on upper endoscopy and oesophageal dilatation in this consent form. I request that at the same time of the upper endoscopy if a narrowing is found, that an oesophageal dilatation is performed. I understand what is involved in this procedure and the risks involved with an oesophageal dilatation which are bleeding and perforation.

.....
 Patient's Signature

Date:.....

.....
Gastroenterologist's Signature

.....
Gastroenterologist's Name

BINDING MARGIN

UPPER ENDOSCOPY/OESOPHAGEAL DILATION CONSENT FORM