

患者氏名 :
患者 ID :

Consent Form for Anesthesia

If you agree to have anesthesia, please sign below.

I have received a thorough explanation about anesthesia and its risks by reading “Information about Anesthesia” and I understand the content. As a result, I agree to have anesthesia. I also agree with the appropriate procedures that might need to be taken in case a change in an anesthetic method or urgent treatment during anesthesia is required. (Even after signing, you can withdraw your agreement at any time.) In addition, I understand that my anesthesia may be cancelled based on the judgment of my doctor and/or anesthesiologist.

Date of agreement (YYYY/MM/DD): _____ / _____ / _____

Patient's name : _____ **(print)**

Patient's signature : _____

Patient's address : _____

Representative's name : _____ **(print)**

Representative's signature : _____ **(relationship to patient: _____)**

Representative's address : _____

If you refuse to have anesthesia, please read the following statement. If you understand it, please sign below.

I received an explanation about the necessity of anesthesia; however, I refuse to have anesthesia. I will not hold my doctor, anesthesiologist, or hospital liable regarding the consequences of my decision.

Date of signature (YYYY/MM/DD): _____ / _____ / _____

Patient's name : _____ **(print)**

Patient's signature : _____

Patient's address : _____

Representative's name : _____ **(print)**

Representative's signature : _____ **(relationship to patient: _____)**

Representative's address : _____

I have provided an explanation of anesthesia to the person who signed above.

Date of explanation (YYYY/MM/DD): _____ / _____ / _____ **Department:** _____

Attending doctor: _____ **Seal**

I confirm that the patient (or her/his representative) above has agreed or refused to have anesthesia by signing this document.

Date of confirmation (YYYY/MM/DD): _____ / _____ / _____

Attending doctor or anesthesiologist: _____ **Seal**

*If the patient is a minor who does not have the ability to agree, or cannot agree and sign because of a lack of consciousness or other medical condition, the signature on the “Representative” section above must be provided by a parent, guardian, responsible adult, or relative.