



HOSPITAL RAMÓN Y CAJAL
 AREA SANITARIA 4
 28034 MADRID

SURNAME: _____

NAME: _____

DEPARTMENT: _____

BED NO.: _____

HISTORY NO.: _____

Date admitted: _____

INFORMED CONSENT

GENERAL AND DIGESTIVE SURGERY

DEPARTMENT: GENERAL AND DIGESTIVE SURGERY

DOCTOR-INFORMANT: SURNAME: _____ NAME: _____

Me, patient Mr/Mrs _____ and/or legal representative

_____ HAVE BEEN INFORMED about my disease,
 _____ being the PROBABLE DIAGNOSIS, and that is why the Dr. has proposed
 a surgical treatment consisting in _____ and explained there are
 other surgical procedures possible such as _____, to undergo
 depending on the findings during the operation.

I have been explained on the risks:

- **GENERAL RISKS:** Inherent in any surgical intervention and due to anaesthetic procedures, reactions to transfusions, allergical reactions to medication, accidental lesions in vessels, nerves or entrails, hemorrhage, infection, myocardial infarction, pulmonary embolism, postural or movilisation injuries, etc.
- **RISKS** of the surgical intervention itself: _____
- **RISKS OF THE PATIENT** due to associated diseases: _____
- **I HAVE BEEN INFORMED** on the possible aftereffects associated to the surgical procedure, the most probable ones in my case being _____

Me, patient Mr/Mrs _____ or his/her legal representative declares that:

- **I HAVE RECEIVED INFORMATION** about the proposed procedure and its alternative possibilities.
- **I AM SATISFIED** with the information received and I had the possibility to clarify all my doubts on the subject.
- **I GIVE MY CONSENT** to be treated following these anaesthetic procedures chosen, to receive blood transfusions and the necessary surgical procedures despite the risks of the possible complications and I know my right to revoke this consent anytime prior to the procedures without the need to explain the reasons for that decision.

Madrid, _____ of _____, year _____

THE INTERESTED PARTY OR HIS/HER LEGAL REPRESENTATIVE

THE DOCTOR-INFORMANT

INFORMATIVE SHEET AND CONSENT TO GENERAL AND DIGESTIVE SURGERY

I DO NOT CONSENT and I thus refuse the proposed procedure and by doing this I discharge the General and Digestive Surgery department of this Hospital of any responsibility arising from my case.

Madrid, _____ of _____, year _____

THE INTERESTED PARTY OR HIS/HER LEGAL REPRESENTATIVE THE DOCTOR-INFORMANT

I REVOKE the previously given consent.

Madrid, _____ of _____, year _____

THE INTERESTED PARTY OR HIS/HER LEGAL REPRESENTATIVE THE DOCTOR-INFORMANT

