

Carpal Tunnel Consent Form for Treatment

Patient Name: DOB:

NHS number: Male Female

Special Requirements.....
(language/communication method)

Proposed procedure or course of treatment: **CARPAL TUNNEL DECOMPRESSION**

Site:

Statement of Clinician

I have explained the procedure to the patient. In particular, I have explained the intended benefits and risks as below:

Benefits:		
Improvement of symptoms		
Risks:		
Common 2-5%:	Less common 1-2%:	Rare:
<ul style="list-style-type: none"> Pain of local anaesthetic injection, Bleeding, Persistent pain, tingling and numbness 	<ul style="list-style-type: none"> Persistent weakness in fingers/hands Infection 	<ul style="list-style-type: none"> Scar/Keloid CRPS Damaging tendons Nerve injury
Others:		

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 this patient.

Information Sheet given		Leaflet given	
This procedure will involve:			
Local anaesthesia		Sedation	

Clinician's Signature: Date:

Printed Name: Job title:

Statement of Patient

Please read this form carefully. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment stated on this form.

I had the opportunity to discuss the details of the anaesthetic procedure prior to the operation.

I understand that any procedure in addition to those described on this form will only be carried out if necessary to save my life or prevent serious harm to my health.

Patient's Signature: Date:

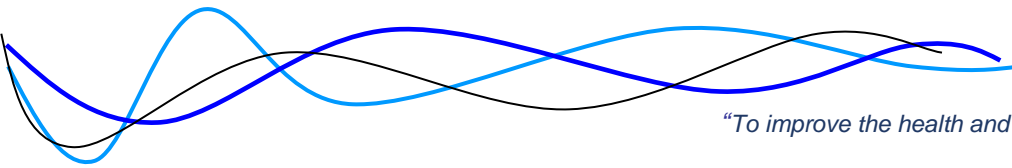
Printed Name:



To get this information in another format call: 01726 885104



To get this information in another format email: psc.enquiries@nhs.net



"To improve the health and well-being of those we care for"

Witness (if required)

A witness / Advocate should sign below if the patient is unable to sign but has indicated his or her consent. Young people /children may also like a parent to sign here:

Witness's Signature: **Date:**.....

Printed Name:

Statement of interpreter (Where appropriate)

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

Interpreter's signature: **Date:**

Printed Name :

Important notes: (eg Jehovah's Witness form)	
See advance directive/living will (eg Jehovah's Witness form)	
Patient has withdrawn consent (ask patient to sign/date here)	



To get this information in another format call:
☎ 01726 885104



To get this information in another format email:
psc.enquiries@nhs.net

Patient agreement to investigation or treatment

In order to make a decision, you need to have information from health professionals about the treatment or investigation which is being offered to you. **You should always ask them more questions if you do not understand or if you want more information.**

For example:

- What sort of things will the treatment involve?
- What are the benefits?
- How good are the chances of getting such benefits?
- Are there any alternatives?
- What are the risks, if any?
- If there are risks, are they minor or serious?
- What may happen if you don't have treatment?

If the person asking for your consent to treatment is not able to answer your questions, ask them to find out.

If you would find it easier to ask questions with someone supporting you, take a friend with you, or ask about local advocacy services. The centre will be able to advise you of this. You can also ask for someone of the same sex as yourself to be with you while you are being examined or treated.