

Informed consent for surgery / procedure

General template · Template — replace bracketed text. Explain in a language the patient understands and record which language was used.

Patient & procedure

Hospital / clinic name & registration no.	[letterhead]
Patient name · age · sex · UHID / IPD no.	
Diagnosis	
Procedure proposed (in plain words and in medical terms)	[e.g. removal of the uterus — total abdominal hysterectomy]
Side / site (if applicable)	Left / right / [site]
Surgeon responsible	[name · qualification · registration no.]
Type of anaesthesia proposed (separate anaesthesia consent to be taken)	General / spinal / epidural / local

What was explained to me

1. The nature and purpose of the procedure, and what it involves.
 2. The expected benefits, and the likelihood of achieving them.
 3. The material risks and complications — common ones and serious ones — including: [bleeding · infection · injury to nearby organs · anaesthetic risks · need for further surgery · blood transfusion · other procedure-specific risks listed by the surgeon].
 4. The alternatives available, including no treatment, and their risks.
 5. The likely consequences of not having the procedure.
 6. That during the procedure the surgeon may need to do something additional or different if it is immediately necessary to save my life or prevent serious harm; that anything else will not be done without my separate consent.
 7. That blood or blood products may be needed, and my consent for that is recorded separately below.
 8. That the outcome cannot be guaranteed.
- Explained by: [doctor's name] · Language used: [Gujarati / Hindi / English / other] · Interpreter (if any): [name]

Consent

I confirm that I have understood the explanation above, that my questions have been answered, and that I have had time to decide. I consent to the procedure named above being performed by the surgeon named or a suitably qualified colleague under their supervision.

☐ I consent to blood / blood product transfusion if needed ☐ I do not consent to transfusion

☐ I consent to photographs / tissue being used for diagnosis and, anonymised, for teaching

Patient signature / thumb impression: _____ Date & time: _____

If the patient cannot consent — legally authorised representative: name _____ relationship _____
signature _____ reason patient cannot consent _____

Witness (name, signature): _____

Doctor's declaration: I have explained the above to the patient / representative in a language they understand and believe they have understood it. Signature _____ Name & reg. no. _____ Date & time _____

Informed consent for caesarean section (LSCS)

Procedure-specific template. Where sterilisation is planned at the same operation, take the separate sterilisation consent the national family-planning standards prescribe — it is not covered by this form.

Patient & procedure

Hospital / clinic name & registration no.	[letterhead]
Patient name · age · UHID / IPD no.	
Gestational age · gravida / para	[] weeks · G[] P[]
Indication for caesarean	[e.g. foetal distress · previous LSCS · breech · failed induction · placenta praevia · CPD · maternal request after counselling]
Elective / emergency	
Surgeon responsible	[name · qualification · registration no.]
Anaesthesia proposed (separate anaesthesia consent)	Spinal / epidural / general

What was explained to me

1. Why a caesarean is advised in my case, and what the operation involves.
 2. The alternatives — continuing labour / vaginal delivery, or waiting — where they exist, and their risks for me and the baby.
 3. The risks and complications, including: bleeding and possible transfusion; infection; injury to bladder, bowel or blood vessels; blood clots; anaesthetic complications; need for hysterectomy to control life-threatening bleeding; effects on future pregnancies (placenta problems, uterine scar rupture, likely repeat caesarean); risks to the baby including breathing difficulty and, rarely, injury.
 4. That if a life-threatening situation arises during the operation, the surgeon may carry out additional procedures — including hysterectomy — necessary to save my life; that sterilisation will NOT be performed unless I have signed the separate sterilisation consent.
 5. That blood or blood products may be needed, with my consent recorded below.
 6. Recovery, wound care, and the advice on the interval before a next pregnancy.
- Explained by: [doctor's name] · Language used: [Gujarati / Hindi / English / other]

Consent

I have understood the explanation, my questions have been answered, and I consent to caesarean section being performed by the surgeon named or a suitably qualified colleague under their supervision.

☐ I consent to blood / blood product transfusion if needed ☐ I do not consent to transfusion

☐ Sterilisation: separate consent form signed (attach) ☐ Not planned

Patient signature / thumb impression: _____ Date & time: _____

Husband / relative (where the patient wishes them to co-sign — the patient's own consent is what is required): name _____ signature _____

Witness (name, signature): _____

Doctor's declaration: I have explained the above in a language the patient understands. Signature _____

Name & reg. no. _____ Date & time _____