

Patient (name, date of birth, address - for children also parent)

## Consent form for anaesthesia



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The written information / clarification was provided with  Perimed  
 Diomed  ProCompliance  other \_\_\_\_\_

Enlightening doctor: \_\_\_\_\_ Intervention / surgery: \_\_\_\_\_

Tel. reconnaissance on \_\_\_\_\_

The treatment should take place  outpatient  inpatient  
 Regional anaesthesia / partial anaesthesia  General  
 anaesthesia / general anaesthesia  Combination / pain therapy  Laryngeal  
 mask  tubation  Mask  Sedation  
 SPA LUM  right  left  
 PDA / KPDA BAR  
 Plexus SPIN  E   
  Arm  
 Blockades  Leg With catheter single shot / without catheter  
 Infiltrations  Hand  other m e t h o d \_\_\_\_\_  
 I.v.\_Line  Foot \_\_\_\_\_

Referring doctor:

I was informed today about the anaesthesia method required for the above-mentioned procedure (general anaesthesia with loss of consciousness / regional anaesthesia / partial anaesthesia).

I have been adequately informed about the nature, purpose and course of the planned measures as well as about their advantages and disadvantages and their risks, also in comparison with other types of anaesthesia. I agree that the treatment can also be carried out by a cooperation partner of the MVZ. In the case of anaesthetic information on the day of the operation, I confirm that I have received the information sheet sufficiently in advance and that I had the opportunity for individual discussion with the anaesthetist up to 24 hours before the operation.

I have received and read the information material with instructions and explanations on anaesthesiological treatment.

and understood and will act accordingly. Special anaesthetic procedures, risks and possible complications were discussed, in particular:

Bleeding / infection  Headache  Pupil / hoarseness / eyelid weakness  
 (Horner-S.)  Bladder catheter  Gastric tube  central access  arterial access  
 Intensive care unit  Post-ventilation  Administration of foreign blood  Nerve damage / paralysis

I have been informed of the following special risks / difficulties for the anaesthesia based on my person:

Cardiovascular disease  Overweight  Lung/respiratory disease  Nicotine  
 abuse  Allergic reactions  Dental damage  Liver/kidney/metabolic disease  Diabetes

I agree to the above-mentioned type of anaesthesia as well as the associated pre-treatment and post-treatment. Should unforeseen difficulties arise during the anaesthesia, I agree to any necessary change in the anaesthesia management.

I can revoke my consent. I have answered the anamnesis questionnaire to the best of my knowledge. I have been informed about the required behaviour before and after the anaesthesia / regional anaesthesia, in particular that I must be sober at the time of the operation and that I am not allowed to drive for up to 24 hours after the anaesthesia and that I am not allowed to take any alcohol or sleeping pills or sedatives during this time; painkillers only according to the doctor's instructions.

I was informed about the possibility of anaesthesia monitoring by means of EEG monitoring. I have understood that the costs of about € 80,-- may not be reimbursed and that I will have to bear them myself. If possible, this measure should be carried out during my anaesthesia.  carried out  not carried out be carried out.

I have received a copy of this declaration of consent. The place of jurisdiction is Berlin.

**I have taken note of the information and explanations on data protection on the reverse of this declaration of consent.**

If only one guardian signs, he or she declares with his or her signature that he or she is acting in agreement with any other guardian.

Place, date

Patient / guardian / carer

Doctor / at the same time certification

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**For outpatient procedures:**

The patient is cared for at home for the first 12 - 24 hours after the procedure:

Name, age

Is constant care guaranteed ? Can the patient be reached by telephone ?  Yes  No

Is the patient postop. at a place from which the practice/clinic where the procedure was performed, or a hospital with an emergency room, can be reached within 30 min ?  Yes  No

Is a car with driver available or is a taxi quickly accessible ?  Yes  No

**Patient's statement:**

I have read and understood the instructions for outpatient anaesthesia on the back.

I will act accordingly.

I am aware that I may be required to reimburse costs if the surgery appointment cannot be attended through my fault, e.g. due to:

- Non-appearance without timely cancellation (24 h)
- Failure to comply with preoperative fasting (6 h)
- Home care or pick-up not organised

Patient / guardian / carer