
	FORMULÁRIO / CENTRO CIRÚRGICO			
	Vigência 10/02/2028	Revisão 02	Código: HSCA.BLC.FOR.013	
CONSET TERM FOR ANESTHESIA				

NOME: _____
 NOME SOCIAL: _____
 RESPONSÁVEL: _____
 DATA NASC. ____/____/____
 CONVÊNIO: _____ ATENDIMENTO: _____

Obs: In the event that the patient is unable to sign, fill in the details of the Representative or Legal Guardian.

Consent for the administration of anesthesia appropriate to the patient's condition, through the following procedure(s):

- ☐ Spinal ☐ Sedation ☐ Epidural
☐ Nerve block: _____ ☐ General anesthesia
☐ Combined anesthesia ☐ Others: _____

I hereby declare that:

- 1 - The proposal for the anesthetic/sedation procedure to which I will be subjected, its benefits, risks, potential complications, and alternatives have been clearly explained to me. I have had the opportunity to ask questions which were answered satisfactorily. I understand that there is no absolute guarantee regarding the results to be obtained;
- 2 - I authorize any other procedure, examination, treatment, and/or surgery, including blood transfusion, in unforeseen situations that may occur and require care different from that initially proposed;
- 3 - I confirm that I have received explanations, understood, and agree with the above items and that I was given the opportunity to delete any blanks, paragraphs, or words with which I did not agree;
- 4 - I also understand that at any time and without the need for any explanation, I may revoke this consent before the procedure takes place.

☐ Patient ☐ Representative

Legible name: _____
 Passport number: _____
 Representative relatedness to de patiente: _____
 Signature: _____
 Date of procedure: ____/____/____ Time: ____:____

To be filled out by the physician:

☐ I declare that I have explained to the patient and/or guardian the entire anesthetic/sedative procedure to which the above-mentioned patient is subjected, including its indications, benefits, risks, and alternatives, having answered the questions posed by them. According to my understanding, the patient and/or guardian is capable of understanding the information provided to them.

☐ It was not possible to obtain consent because it was an emergency

Legible Name: _____ CRM: _____
 Signature: _____
