

## Consent Form

### Patient Agreement to Endoscopic Investigation or Treatment:

**Name of procedure: Flexible Sigmoidoscopy**

Inspection of the left side of your large bowel (colon) with or without biopsy, photography, removal of polyps, injection treatment. Biopsy samples will be retained.

**1) Statement of patient/parent** (You have a right to change your mind at any time, even after you have signed this form)  
I have read and understand the information in the attached booklet, including the benefits and any risks.

**I agree** to the procedure described in this booklet and on the form. **I understand** that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however have appropriate experience. When a trainee performs the examination it will be undertaken under the supervision of a fully qualified practitioner.

Signature ..... Name (print): ..... Date .....

If you would like to ask any further questions please do not sign the form now. Bring it with you and you can sign it after you have talked with a healthcare professional.

**2) Confirmation of consent** (to be completed by a health professional when the patient is admitted for the procedure and has signed the form in advance).

I have confirmed that the patient/parent understands what the procedure involves, including the benefits and any risks. He/she has no further questions and wishes the procedure to go ahead.

Signed: ..... Date .....

Name (PRINT) ..... Job Title .....

**3) Statement of health professional** (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy). In response to a request for further information I have explained the procedure to the patient. In particular I have explained:

**The intended benefits:**

- To diagnose and treat a possible cause of your symptoms
- To review the findings of any previous endoscopy

**Significant, unavoidable or frequently occurring risks:**

- Endoscopy risks: Perforation, bleeding,
- Sedation risks: Adverse reaction to any of these agents

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 those involved.

Signed: ..... Date .....

Name (PRINT) ..... Job Title .....

**4) 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 he/she can understand.

Signed: ..... Date .....

Name (PRINT) .....

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**“This document is available in Welsh /  
Mae'r ddogfen hon ar gael yn Gymraeg”.**