[Company name]

How to use this document: delete this paragraph before saving, sharing, or circulating it. Every part shown in blue is yours to replace: type your own details over each blue [field] until no blue remains. Add or remove table rows to fit your needs. Then select all (Ctrl+A) and set the font colour to the same dark colour throughout. What is left is your finished document.

Clinic consent form

Informed consent - the procedure, the risks, and the patient’s agreement, in writing.

Parties

Clinic	[Clinic name, address]
Patient	[Full name, date of birth]

Procedure

Procedure	[Name of procedure]
Date	[Date]
Clinician	[Name]

What you are consenting to

[Describe the procedure in plain language]

Terms

- The procedure, its purpose and what it involves have been explained to me.
- The benefits, risks and alternatives have been discussed, and I have had the chance to ask questions.
- I understand I can withdraw my consent at any time before the procedure.
- I consent to my information being used for clinical care as described in the clinic’s privacy notice.

This is a general template, not legal advice. Check your local regulations for anything you are unsure about.

Sign-off

Patient	Clinician	Date