



Dr Henry White
Budbrooke Medical Centre
Slade Hill, Hampton Magna, Warwick CV358SA
Tel: 01926 403800
Practice Manager: Mrs Sarah Davies
General Practitioners: Dr Vu Ha, Dr Tilly Holt, Dr Lisa Dishman & Dr Katie Bengé

Pre-Procedure Consent Form (Minor Surgery – GP Setting)

Section 1: Patient Details

- Full Name: _____
- Date of Birth: _____
- NHS Number: _____
- Address: _____

Section 2: Procedure Information (Completed by Clinician)

- Proposed Procedure: _____
- Site (if applicable): _____
- Clinician Name & Role: _____

Clinical Indication / Reason for Procedure:

Section 3: Information Provided to Patient

(To be completed by clinician and discussed with patient)

The patient has been given information about:

- Nature and purpose of the procedure
- Expected benefits and likelihood of success
- Material risks (including common and serious risks):

-
- Individualised risks relevant to this patient:
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Reasonable alternative options (including no treatment):

- What the procedure involves (including anaesthesia if applicable)
- Recovery expectations and aftercare
- What to do if complications arise

Information format provided:

- Verbal discussion
 - Written leaflet
 - Visual/online resources
-

Section 4: Patient Understanding & Decision

(To be completed by patient)

Please initial each statement:

- I confirm I have received and understood the information about this procedure.
 - I have had the opportunity to ask questions and am satisfied with the answers.
 - I understand the risks, benefits, and alternatives, including not having treatment.
 - I understand I can take more time to decide and do not have to proceed today.
 - I understand I can withdraw consent at any time before the procedure.
-

Section 5: Capacity Assessment (Clinician)

In line with the Mental Capacity Act 2005:

The patient has capacity to consent to this procedure

OR

The patient lacks capacity (complete below):

- Decision made in patient's best interests:
- Involvement of family/advocate:
- Lasting Power of Attorney / Deputy:



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Details:

Section 6: Consent Decision

- I consent to the procedure described above
- I do NOT consent to the procedure
- I would like more time/information before deciding
-

Section 7: Additional Consents (Optional)

- Consent to photographs for clinical record: Yes No
- Consent for anonymised data use for audit/teaching: Yes No
-

Section 8: Signatures

Patient

Name: _____

Signature: _____

Date: _____

Clinician

I confirm that I have discussed the procedure in line with informed consent standards and believe the patient understands.

Name: _____

Signature: _____

Date: _____

Section 9: Pre-Procedure Checklist (Day of Procedure)

(To confirm consent remains valid)

- Patient identity confirmed
- Procedure and site confirmed



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No change in patient's condition or wishes

Consent reconfirmed verbally

Clinician initials: _____ Date: _____