



SW9280



Queensland Government

# Nuclear Medicine Generic Consent

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

## A. Interpreter / cultural needs

- An Interpreter Service is required?  Yes  No
- If Yes, is a qualified Interpreter present?  Yes  No
- A Cultural Support Person is required?  Yes  No
- If Yes, is a Cultural Support Person present?  Yes  No

## B. Procedure

The following will be performed (*Doctor/doctor delegate to document – include site and/or side where relevant to the procedure*)

.....  
.....  
.....

Your doctor will explain the procedure to you.

On occasion, the doctor may require a further scan called a SPECT-CT. This is a special CT scan using a low dose of radiation. This takes around 20-30 minutes. There is no requirement to drink anything or be injected with anything for this part of the test.

## C. Risks of the procedure

In recommending this nuclear medicine procedure, the doctor believes the benefits to you from having this procedure exceed the risks involved.

The risks and complications with this procedure can include but are not limited to the following.

### Common risks and complications include:

- Minor pain, bruising and/or infection from IV cannula site. This may require treatment with antibiotics.

### Less common risks and complications include:

- An allergy to injected drugs may occur, requiring further treatment.

### Rare risks and complications include:

- Death as a result of this procedure is very rare.

## D. Women of child bearing age

This procedure would generally not be performed if you are pregnant.

Are you or could you be pregnant?

Yes  No  Unsure

If unsure, I agree to have a urine or blood pregnancy test

Yes  No

Are you breastfeeding?

Yes  No

If you have answered 'yes' or are unsure of any of the above questions, the health practitioner will obtain further advice and consult with a Medical Officer.

## E. Risks of radiation

The risks from this therapy need to be compared to the risks of your medical condition not being treated. Exposure to radiation may cause a slight increase in the risk of cancer to you over your lifetime.

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## F. Patient consent

I acknowledge that the doctor/doctor delegate has explained the proposed procedure.

I understand;

- the risks and complications, including the risks that are specific to me.
- that this diagnostic procedure is necessary as part of the management plan for my condition.
- if immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor/doctor delegate or my Acute Resuscitation Plan.
- a doctor/doctor delegate undergoing further training may conduct this procedure.

### I have been given the following Patient Information Sheet/s:

.....  
.....

- I was able to ask questions and raise concerns with the doctor/doctor delegate about the proposed procedure and its risks. My questions and concerns have been discussed and answered to my satisfaction.
- I understand I have the right to change my mind at any time including after I have signed this form but, preferably following a discussion with my doctor/doctor delegate.
- I understand that image/s or video footage may be recorded as part of and during my procedure and that these image/s or video/s will assist the doctor to provide appropriate treatment.
- I understand that Queensland Health may release my relevant de-identified information obtained from this and related procedures for education and training of health professionals.

On the basis of the above statements,

## I request to have the procedure

Name of Patient:.....

Signature: .....

Date: .....

### Patients who lack capacity to provide consent

Consent must be obtained from a substitute decision maker/s in the order below.

Does the patient have an Advance Health Directive (AHD)?

Yes ▶ Location of the original or certified copy of the AHD: .....

No ▶ Name of Substitute Decision Maker/s:.....  
Signature:.....  
Relationship to patient:.....  
Date:..... PH No:.....

#### Source of decision making authority (tick one):

- Tribunal-appointed Guardian
- Attorney/s for health matters under Enduring Power of Attorney or AHD
- Statutory Health Attorney
- If none of these, the Adult Guardian has provided consent. Ph 1300 QLD OAG (753 624)

## G. Doctor/delegate Statement

I have explained to the patient all the above points under the Patient Consent section (F) and I am of the opinion that the patient/substitute decision-maker has understood the information.

Name of Doctor/delegate:.....

Designation:.....

Signature:..... Date.....

## H. Interpreter's statement

I have given a sight translation in

.....  
*(state the patient's language here)* of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

Name of Interpreter:.....

Signature:..... Date.....

DO NOT WRITE IN THIS BINDING MARGIN