To be completed by the patient, or, for patients who lack capacity to provide consent, by a carer:

I agree to follow the following instructions and understand that non-compliance with any of these could result in undesirable effects on other patients, members of the public, and myself:

☐ I have received and understand the following information sheets and I have had the opportunity to ask questions prior to surgery:
  • Your Short Stay Surgery brochure;
  • anaesthetic information sheet (if applicable);
  • procedure education sheet;
  • postoperative pain education.

☐ I have had the following conditions of attending day surgery explained to me:
  • I will follow the specific preoperative and postoperative instructions provided to me;
  • a responsible adult will be required to drive me home and stay with me for the first 24 hours;
  • I must not use public transport (buses or trains) to travel home post procedure;
  • I should only use a taxi if in the company of a second person;
  • if I have not organised transport home with a responsible person, the surgery may be postponed.

☐ During the first 24 hours after surgery, I must be supervised by a responsible adult. During that time, I should NOT:
  • drink alcohol, take mind-altering substances, or smoke;
  • drive a car, bike or other vehicle;
  • undertake heavy exercise;
  • operate machinery including cooking implements;
  • care for infants without responsible help;
  • make important decisions or sign a legal document.

☐ I will stay within a one hour drive from a hospital and contact the hospital / my private specialist in the event of suspected complications.

☐ I consent to be contacted after leaving the hospital for a follow-up phone call if required.

☐ I understand that, despite following these guidelines, my procedure may be postponed for other reasons relating to my health or due to emergent operational issues.

Patient / Guardian name (print):

Signature:

Date:

Witness name (print):

Signature:

Date: