



ADDRESS: 164 Ogunlana Drive, Surulere, Lagos.
PHONE: 0809 287 5225; 0802 851 8246

EMAIL: info@oxfordhealthplushospitals.com;
oxfordenquiries@outlook.com;
oxfordenquiries@gmail.com

Name: **D.O.B:**..... **MRN:**

General Consent Form:

I am asking for medical care and treatment at this facility, and agree to accept services which may diagnose my medical condition, procedures to treat my condition and medical care.

I understand that my agreement to accept these services is called a General Consent and that it includes any routine procedure(s) or treatment(s) such as blood drawing, physical examination, administration of medication(s), taking X-ray(s), ECG(s), use of local anesthesia and other non-invasive procedures.

I do acknowledge that different declarations may be needed for some specific diagnostic and surgical procedures.

I understand that these services will be provided to me by physicians, nurses, midwives and other health care providers.

I further acknowledge that the results of medical treatments and surgical procedures may not adequately predicated, neither the Clinic nor the attending medical team can give, or is allowed to give any guarantee or confirmation of outcomes.

I authorize the Clinic to disclose to my insurance company or any other parties that may be liable all or part of the Clinic charges all or part of my medical records, if necessary to process payments the health care services provided.

I also authorize the Clinic to utilize my medical information, or to release all or part of my medical information to other health care providers consulted by my physician or the Clinic, as may be necessary.

I assume full responsibility for all items of personal property and valuables, including money, jewellery, glasses, dentures, hearing aids, documents and other personal items. I understand that valuables may be secured in a hospital safe upon my request and thereby release the hospital of a responsibility for those valuables and items of personal property which are not deposited with hospital for safe-keeping.

I have received a copy of clinic patient's right & responsibilities.

I understand that my agreement to accept all these services will remain in effect unless I say that I no longer want these services or until my treatment is completed.

Signature of patient or Parent/Legal Guardian of Minor

Date

Time

.....

If the patient cannot consent for him/herself, the signature of either the substitute consent giver who is acting on behalf of the patient or the patient's next of kin who is assenting to the treatment for the patient, must be obtained.

Name of the Substitute Consent Giver	D.O.B	Nationality
.....		
ID Number and Type	Relationship to the patient	
.....		

I declare that I am the guardian/substitute consent giver for this patient. I have been asked, in the best Interests of the patient, to sign this declaration and consents required by the Clinic as the patient is incompetent to do so.

Signature of Substitute Consent Giver	Date
.....	

Witness:

I declare that I am HSMC Employee who is not the patient's physician or authorized health care provider and I have witnessed the patient or his/her Substitute Consent Giver voluntarily sign this form.

Name, Title, Designation of Witness	Signature	Date
.....		

Interpreter/Translator:

To be signed by the interpreter/translator if the patient required such assistance) to the best of my knowledge, the patient understood what was interpreted/translated and voluntarily signed this form.

Name, Title, Designation of Translator	Signature	Date
.....		

Guidelines:

Patient guardian or substitute consent giver must meet the following legal criteria:

- Shall be 18 years old or more. A father or mother has the right to sign on behalf of their son or daughter regardless of their age.
- Shall be of sound mind and body. Shall be able to understand the contents of the declaration and sign it. Can read and write properly, otherwise may be assisted by another person who explains the contents and sign the declaration with him/her as witness. Both males and females are considered equal in consenting.

Definition of the Guardian:

- Father, mother, brother, sister, uncle, grandmother, relatives or any parent in law. The husband supercedes the father and those who follow under him.

Definition of Substitute Consent Giver:

If the patient has no relatives residing in Nigeria: his/her sponsor or a substitute of the sponsor, then a friend may sign on his/her behalf.

Exemptions:

- An unconscious/incompetent emergency patient who has no guardian or substitute consent giver at the time he/she is admitted to the accident and emergency unit shall be exempted from giving consent.
- Husband must sign in person the declaration related to treatments and surgical interventions that may affect his wife's fertility in the future.
- Only the Nigerian laws shall be applied to any dispute that may arise regarding the treatment or dealing with the patient. The Nigerian courts are exclusively competent to decide and judge on such dispute.

Information & Question:

- Members of the medical team should answer patient's/guardian's/substitute consent giver's questions in a simple, easy to understand, and objective manner, without exaggeration or promises. The aim is to give them enough information on all aspects of the diseases, diagnostic measures and treatments, as well as any side effects and usual complications. This should be: clear, scientific, easily understood and enough to assist him/her in taking decisions. This information shall not contain and promises or expectations.

Language:

- There should be a common language between the patient/guardians or substitute consent givers and physician in order to understand content of the declaration. A translator may be used, if necessary, who must also sign the declaration