

Consent discussion — documentation template

The test is not whether they signed. It is whether you took reasonable care to ensure they understood.

Patient	Procedure	Discussed by	Date / time

	Element	What must be covered	Covered
1	The condition	What it is and why an operation is being proposed	☐
2	The procedure	In plain language, including what it involves for them	☐
3	Material risks	Those a reasonable patient in their position would want to know, PLUS any risk this particular patient has told you they care about	☐
4	Benefits	Honestly, including where there is genuine uncertainty	☐
5	Alternatives	Including non-operative management and doing nothing	☐
6	Recovery and the ERAS pathway	What we will ask of them: fasting, the drink, feeding, mobilising, expected length of stay — this belongs here and is almost always left out	☐
7	Their questions	Asked for by name, answered, and recorded below	☐
8	Voluntariness	The real freedom to decline, without penalty to their care	☐

Specific risks discussed with this patient

Questions the patient asked, and the answers given

Interpreter used?	Family member present	Written information given	Teach-back done
☐ No ☐ Yes — name:		☐ Yes ☐ No	☐ Yes ☐ No

A signature obtained on the trolley, from a premedicated or frightened patient, on a form in a language they do not read, is a document — not a consent. If a patient arrives in the anaesthetic room already premedicated and the discussion did not adequately happen, pause the case. Twenty minutes of list delay is a small price, and the team calibrates to what senior people are willing to stop for.

Clinician name and grade	Signature	Date	Patient signature	Date