



**O. George Negrea M.D.
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GENERAL CONSENT TO ROUTINE PROCEDURES AND TREATMENTS

During the course of my care and treatment, I understand that various types of tests; diagnostic or treatment procedures may be necessary and will be performed by a LCCC Healthcare Professional.

While routinely performed without incident, there may be material risks associated with each of these procedures. I understand that it is not possible to list every risk for every procedure and that this form only attempts to identify the most common material risks and the alternatives (if any) associated with the procedures. I understand that various Healthcare Professionals may have differing opinions as to what constitutes material risks and alternative procedures.

If I have any questions or concerns regarding these procedures, I will ask the LCCC healthcare professional to provide me with additional information. I also understand that they may ask me to sign additional Informed Consent documents. The Procedures may include the following risks:

- (1) **Physical tests, assessments, and treatments** may include vital signs, internal body examinations, wound cleaning, wound dressings, range of motion checks, and other similar procedures. The material risks associated with these types of procedures include, but are not limited to, allergic reactions and infections. Apart from using modified procedures and/or refusal of treatment, no practical alternatives exist.
- (2) **Drawing Blood, Bodily Fluids or Tissue Samples** that may be done for laboratory testing and analysis. The material risks associated with these types of procedures include, but are not limited to infection and bleeding. Apart from long-term observation and/or refusal of treatment, no practical alternatives exist.
- (3) **Needle Sticks for Tests or for Administration of Medications**, such as injection whether intramuscularly, intravenously, subcutaneous, or intradermally. The material risks associated with these types of procedures include, but are not limited to, nerve damage, infection, allergic reaction and infiltration (which is fluid leakage into surrounding tissue). Apart from varying the method of administration and/or refusal of treatment, no practical alternatives exist.

I understand that the practice of medicine is not an exact science and that **NO GUARANTEE OR ASSURANCES HAVE BEEN MADE TO ME** concerning the outcome and/or result of any procedure.

The Healthcare Professionals participating in my care will rely on my documented medical history, as well as other information obtained from me, my family, or others having knowledge about me, in determining whether to perform or recommend the procedures; therefore I agree to provide accurate and complete information about my medical history and conditions.

By signing this form, I consent to Low Country Cancer Care Healthcare Professionals (HP) to perform procedures as they may deem reasonable, necessary or desirable in the exercise of their professional judgment, **including those procedures that may be unforeseen or not known to be needed at the time this consent is obtained**; and I acknowledge that I have been informed in general terms of the nature and purpose of the procedures, the material risks of the procedures, and practical alternatives to the procedures.

Date Signed: _____ **Printed Name of Patient:** _____

Signature of Patient: _____

(or other person authorized to sign): (if applicable)

Relationship to Patient: _____

(if other than patient giving consent)

If applicable:

Reason Patient Unable to Sign: _____

Consent Translated for a Non-English Speaking Patient: **Yes or No** Name of Translator: _____

Explained By: _____ Language to Which Translated: _____

(Name and Relationship):

Signature of LCCC HP: _____ **Printed Name of GCS HP:** _____