

Please Use ID Label or Block Print	SURNAME		UNIQUE RECORD NO.		Please Use ID Label or Block Print	SURNAME		UNIQUE RECORD NO.			
	GIVEN NAME		CHINESE NAME			GIVEN NAME		CHINESE NAME			
	SEX	AGE	DOB	WARD		ADMITTED DATE AND TIME	SEX	AGE	DOB	WARD	ADMITTED DATE AND TIME
	ATTN. DOCTOR					ATTN. DOCTOR					
CONSULT. DOCTOR					CONSULT. DOCTOR						

(1) A 本人 身份證明文件號碼 在此同意  
I Identity Document No.: hereby consent to the  
(病人姓名 Name of Patient) (\*香港身份證 HKID Card / 其他 Other: )

接受

Procedure of

(手術名稱 Name of Procedure)

由

to be performed by Dr.

醫生施行，並使用  
under

- ☐ 全身麻醉 General Anaesthesia  
☐ 區域麻醉 Regional Anaesthesia  
☐ 監測麻醉 Monitored Anaesthetic Care  
☐ 靜脈注射鎮靜劑 Intravenous Sedation

- ☐ 局部麻醉 Local Anaesthesia  
☐ 無麻醉方式 No Anaesthesia  
☐ 以上可能之組合 Possible combination of the above  
☐ 其他 Others:

B 本人

I

(簽署人姓名 Name of Signatory)

身份證明文件號碼

Identity Document No.:

(\*香港身份證 HKID Card / 其他 Other: )

為病人

am Patient

的 \*父親 / 母親 / 監護人，在此代表病人同意接受

's \*father / mother / guardian, hereby consent for the Patient to the Procedure of

(病人姓名 Name of Patient)

(手術名稱 Name of Procedure)

(手術名稱 Name of Procedure)

由

to be performed by Dr.

醫生施行，並使用  
under

- ☐ 全身麻醉 General Anaesthesia  
☐ 區域麻醉 Regional Anaesthesia  
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- ☐ 局部麻醉 Local Anaesthesia  
☐ 無麻醉方式 No Anaesthesia  
☐ 以上可能之組合 Possible combination of the above  
☐ 其他 Others:

(2) 本人確認，在簽署此同意書前，已了解有關此手術及麻醉方式，包括以下各項：

I acknowledge that, before signing this consent form, I have been informed about the proposed Procedure and Anaesthesia, including the following:

(a) 需要進行是項手術之原因、其他治療方法及不接受治療的後果

Indication for performing the Procedure, alternative treatment options including conservative treatment.

(b) 是項手術及麻醉之性質

General nature of the Procedure and Anaesthesia.

(c) 是項手術及麻醉可能引致的併發症及風險，包括出血、傷口感染、肺炎、其他感染、心臟病、中風、靜脈栓塞、肺血管栓塞、局部麻醉劑反應、藥物過敏反應及死亡。併發症未能盡列，風險亦會因應病人的體質及慢性疾病而增加

Potential risks of complications and side effects relevant to the Procedure and Anaesthesia, such as bleeding, wound infection, chest infection, other infection, heart attack, stroke, blood clot in veins, blood clot travelling to the lungs, severe local anaesthetic toxicity, drug allergy and death. The quoted complications or risk are not exhaustive, the risk may also be increased by Patient's conditions and the presence of chronic diseases.



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	ATTN. DOCTOR									ATTN. DOCTOR									
				CONSULT. DOCTOR								CONSULT. DOCTOR							

(d) 是項手術在進行中或完成後可能需要的額外治療、手術及麻醉，包括：

Additional treatment(s), management, medical personnel may become necessary during or after the Procedure and Anaesthesia, including:

- 深切治療 intensive care;
- 輸入血液或血液成份 whole blood or blood components transfusion;
- 由微創轉為其他形式手術 conversion to other procedures from minimal invasive procedure;
- 轉換麻醉方式 conversion to other anaesthesia;
- 其他適用之治療 other applicable treatment;
- 除上述醫生外，可能需要其他醫生參與是項手術及麻醉。  
if necessary, medical practitioners other than the responsible Doctor may assist in the Procedure and Anaesthesia.

(3) 本人明白及確認 I understand and acknowledge that:

- (a) 若在手術期間有身體器官或組織被切除，這些器官或組織會作病理化驗、被妥當棄置、儲存或作科研之用  
tissues or organs removed during the Procedure may be submitted for pathological examination, discarded appropriately, properly stored or used for research purposes.
- (b) 是項手術或會被攝錄以作存檔，教學或科研用途，病人之身份將不會被公開；  
photographs or video recording may be taken during the Procedure for medical documentation, teaching or research purposes. All data will be treated confidentially.

(4) 本人確認收到有關是項手術及麻醉的資料單張，並已閱讀及完全明白其內容。( ☐ 是 / ☐ 否 )  
I confirm that I have been provided with an information leaflet on the Procedure and Anaesthesia, and that I have reviewed and that I fully understand the contents ( ☐ Yes / ☐ No ).

手術及麻醉資料單張的參考編號：

Reference no. of the information leaflet: \_\_\_\_\_

(註明單張左下角的參考編號 State the reference no. at the left lower corner of the information leaflet)

\*病人／父親／母親／監護人簽署  
Signature of \* Patient / Father / Mother / Guardian: \_\_\_\_\_ 日期  
Date: \_\_\_\_\_ DD/MM/YYYY

見證人簽署  
Signature of Witness: \_\_\_\_\_ 姓名  
Name: \_\_\_\_\_ 日期  
Date: \_\_\_\_\_ DD/MM/YYYY  
(請用正楷填寫 Name in BLOCK LETTER)

醫生聲明：本人已向上述簽署者解釋是項手術及麻醉的性質、風險及效益，並已解答其提出的有關問題。

據本人所理解，上述簽署者已獲得充分的資料及已簽妥同意書，而這些資料亦已記錄在病人的病歷內。

DOCTOR'S DECLARATION: I have explained the nature, risks and benefits of the Procedure and Anaesthesia to the above signatory and have answered the above signatory's questions. To the best of my knowledge, the above signatory has been adequately informed and has consented, and the details as such have been documented in the Patient's clinical record.

負責手術之醫生簽署及編號  
Signature and code of doctor  
responsible for the procedure: \_\_\_\_\_ 姓名  
Name: \_\_\_\_\_ 日期  
Date: \_\_\_\_\_ DD/MM/YYYY  
(請用正楷填寫 Name in BLOCK LETTER)

由翻譯員填寫(如適用)：

To be completed by Interpreter (if applicable)：

本人  
I \_\_\_\_\_ 已如實及清楚地  
certify that I have truly, distinctly and audibly interpreted the

將此同意書的內容翻譯成  
contents of this document into \_\_\_\_\_ 向簽署者翻譯。  
to the Signatory.

(語言或方言 insert language or dialect)

翻譯員簽名  
Signature of Interpreter: \_\_\_\_\_ 日期  
Date: \_\_\_\_\_ DD/MM/YYYY

\* 請圈出適用的句子 Circle if appropriate

☐ 請在合適的方格填上「✓」號 「✓」 if appropriate

