仁安醫院
UNION HOSPITAL

手术同意书
Consent for Surgery

Please Use ID Label or Block Print	SURNAME	UNIQUE RECORD NO.
	GIVEN NAME **(1)**	CHINESE NAME
	SEX	AGE	DOB	WARD	ADMITTED DATE AND TIME
	ATTN. DOCTOR:	
	CONSULT. DOCTOR:	

Please Use ID Label or Block Print	SURNAME	UNIQUE RECORD NO.
	GIVEN NAME **(2)**	CHINESE NAME
	SEX	AGE	DOB	WARD	ADMITTED DATE AND TIME
	ATTN. DOCTOR:	
	CONSULT. DOCTOR:	

(1) A 本人 _____ 身份证明文件号码 在此同意
I _____ Identity Document No.: _____ hereby consent to the
(病人姓名 Name of Patient) (*香港身份证 HKID Card / 其他 Other: _____)

接受
Procedure of _____
(手术名称 Name of Procedure)

_____
(手术名称 Name of Procedure)

由 医生施行，并使用
to be performed by Dr. _____ under

- ☐ 全身麻醉 General Anaesthesia
- ☐ 区域麻醉 Regional Anaesthesia
- ☐ 监测麻醉 Monitored Anaesthetic Care
- ☐ 静脉注射镇静剂 Intravenous Sedation
- ☐ 局部麻醉 Local Anaesthesia
- ☐ 无麻醉方式 No Anaesthesia
- ☐ 以上可能之组合 Possible combination of the above
- ☐ 其他 Others: _____

B 本人 _____ 身份证明文件号码 为病人
I _____ Identity Document No.: _____ am Patient
(签署者姓名 Name of Signatory) (*香港身份证 HKID Card / 其他 Other: _____)

的 *父亲 / 母亲 / 监护人，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)

_____
(手术名称 Name of Procedure)

_____
(手术名称 Name of Procedure)

由 医生施行，并使用
to be performed by Dr. _____ under

- ☐ 全身麻醉 General Anaesthesia
- ☐ 区域麻醉 Regional Anaesthesia
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- ☐ 无麻醉方式 No Anaesthesia
- ☐ 以上可能之组合 Possible combination of the above
- ☐ 其他 Others: _____

(2) 本人确认，在签署此同意书前，已了解有关此手术及麻醉方式，包括以下各项：
I acknowledge that, before signing this consent form, I have been informed about the proposed Procedure and Anaesthesia, including the following:

(a) 需要进行是项手术之原因、其他治疗方法及不接受治疗的后果
Indication for performing the Procedure, alternative treatment options including conservative treatment.

(b) 是项手术及麻醉之性质
General nature of the Procedure and Anaesthesia.

(c) 是项手术及麻醉可能引致的并发症及风险，包括出血、刀口感染、肺炎、其他感染、心脏病、中风、静脉栓塞、肺血管栓塞、局部麻醉剂反应、药物过敏反应及死亡。并发症未能尽列，风险亦会因应病人的体质及慢性疾病而增加
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.

MR

Consent for Surgery

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	SEX	AGE	DOB	WARD	ADMITTED DATE AND TIME
	ATTN. DOCTOR:		
	CONSULT. DOCTOR:		

Please Use ID Label or Block Print	SURNAME		UNIQUE RECORD NO.
	GIVEN NAME **(2)**	CHINESE NAME	
	SEX	AGE	DOB	WARD	ADMITTED DATE AND TIME
	ATTN. DOCTOR:		
	CONSULT. DOCTOR:		

(d) 是项手术在进行中或完成后可能需要的额外治疗、手术及麻醉，包括：

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

- 深切治疗 intensive care;
- 输入血液或血液成份 whole blood or blood components transfusion;
- 由微创转为其他形式手术 conversion to other procedures from minimal invasive procedure;
- 转换麻醉方式 conversion to other anaesthesia;
- 其他适用之治疗 other applicable treatment;
- 除上述医生外，可能需要其他医生参与是项手术及麻醉
  if necessary, medical practitioners other than the responsible Doctor may assist in the Procedure and Anaesthesia.

(3) 本人明白及确认 I understand and acknowledge that:

(a) 若在手术期间有身体器官或组织被切除，这些器官或组织会作病理化验、被妥当弃置、储存或作科研用途
tissues or organs removed during the Procedure may be submitted for pathological examination, discarded appropriately, properly stored or used for research purposes.

(b) 是项手术或会被摄像以作存档，教学或科研用途，病人之身分将不会被公开；
photographs or video recording may be taken during the Procedure for medical documentation, teaching or research purposes. All data will be treated confidentially.

(4) 本人确认收到有关是项手术及麻醉的资料，并已阅读及完全明白其内容。（ □ 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).

手术及麻醉资料的参考编号：
Reference no. of the information leaflet: _____

（注明资料左下角的参考编号 State the reference no. at the left lower corner of the information leaflet）

*病人／父亲／母亲／监护人签署　　　　　　　　　　　　　　日期
Signature of * Patient／Father／Mother／Guardian: _____　Date: _____
DD/MM/YYYY

见证人签署　　　　　　　　姓名　　　　　　　　日期
Signature of Witness: _____　Name: _____　Date: _____
（请用正楷填写 Name in BLOCK LETTER）　　DD/MM/YYYY

医生声明：本人已向上述签署者解释是项手术及麻醉的性质、风险及效益，并已解答其提出的有关问题。
据本人所理解，上述签署者已获得充分的资料及已签妥同意书，而这些资料已记录在病人的病历内。
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.

负责手术之医生签署及编号　　　　　　　　姓名　　　　　　　日期
Signature and code of doctor responsible for the procedure: _____ Name: _____ Date: _____
（请用正楷填写 Name in BLOCK LETTER）　　DD/MM/YYYY

由翻译员填写(如适用)：
To be completed by Interpreter (if applicable) :

本人
I _____ 已如实及清楚地 certify that I have truly, distinctly and audibly interpreted the

将此同意书的内容翻译成
contents of this document into _____ 向签署者翻译。 to the Signatory.
（语言或方言 insert language or dialect）

翻译员签名　　　　　　　日期
Signature of Interpreter: _____　Date: _____
DD/MM/YYYY

* 请圈出适用的句子　Circle if appropriate　　　□ 请在合适的方格上「✓」号　「✓」if appropriate