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INFORMED CONSENT DISCUSSION FOR TREATMENT/CONSENT

1. Date of Discussion _____ Time of Discussion _____
2. Persons present at the discussion: _____
3. Patient's mental status _____ alert _____ sedated _____ anxious
_____ confused _____ lethargic
4. The patient () Has decision-making capacity (skip to #5)
() Does not have decision-making capacity (explain):
() Is unable to formulate/communicate decisions
() Is under guardianship
() Is a minor
() has a mental illness that may affect decision-making capacity
5. Patient's Diagnosis: _____
6. Name of Treatment/Procedure: _____
7. The following items have been discussed with the patient and/or surrogate:
() Treatment and/or procedure have been discussed with patient and/or surrogate
() Indications, risks, benefits, alternative treatment options including the possibility of obstruction
() The patient and/or surrogate were offered the opportunity to ask questions
() In my estimation, the patient and/or surrogate understood the discussion
8. The patient and/or surrogate (check as appropriate)
() Consented freely without fraud, duress or coercion
() The patient and/or surrogate refused consent
9. Surrogate Decision Maker Information: (when a patient is a minor or unable to give consent) Name: _____
Relationship to patient: _____
Authority: () Legal and/or Special Guardian
() Next of kin () Close friend
() I certify that no surrogate of higher priority is available
10. () Patient: I understand the nature of the proposed procedure, attendant risks involved and expected results and hereby request that the procedure be performed.

Signature of Patient

Date

Time