



Centre hospitalier de Périgueux

I, the undersigned..... Confirm that I was seen by Dr....., at **Périgueux Hospital** on (date)

During the consultation, Dr.....informed me of:

- ❖ My state of health (my condition and its likely evolution);
or my child's state of health

.....
(*surname, first name, date and place of birth*)

or the state of health of Mr, Mrs, Ms,

.....
surname, first name, date and place of birth)

Relationship:

(*Father – Mother – Brother – Sister – Grandfather – Grandmother – Trustworth person - Tutor*)

- ❖ actions, operations and treatments envisaged (various therapeutic options);
- ❖ the inherent risks involved in these actions, operations and treatments (frequent risks and serious risks);
- ❖ the likely evolution of the illness if therapeutic treatment is refused.

Dr..... also outlined an individual “benefit/risk evaluation” in order to recommend the therapeutic treatment best suited to this particular case.

I have understood all the information given to me.

I have asked all the questions required for a clear understanding and obtained clear and satisfactory answers.

Dr..... also gave me some information to read later:

S/he advised me to recontact him/her if necessary, or if some of this information gave rise to further questions on my part:

- which I have done
- which I have not done because I did not need to.

Comments/ Observations:

I consider myself henceforth to be sufficiently enlightened and informed to be able to make a decision in full knowledge of the facts and I agree to the operation recommended by Dr

Date and signature:

Doctor

Patient