

AGREEMENT WITH ANAESTHESIOLOGIST : CONSENT TO ANAESTHESIA

Please ask for an explanation should there be anything that you do not understand.

- **I am 18 years of age or older.**
- **I have informed my doctor of all health-related information**, in particular the following:
 - Previous and current medical illness;
 - Any allergies or adverse reactions, in particular to medication;
 - Current medication, including herbal or traditional preparations;
 - Recreational drug (eg. Cocaine) or alcohol intake;
 - Cigarette smoking or VAPE-ing
 - Any problems that occurred during or after a surgical procedure;
 - Personal or family history of a reaction to the anaesthetic;
 - Personal or family history of a bleeding disorder.
- **I understand that not sharing such information could compromise the healthcare** that I/my child under the age of 18 receive. Furthermore, I cannot hold the doctor liable for failure to share such information.
- **Anaesthesia is a necessary part of any surgical procedure** and I understand the following:
 - The anaesthesiologist is a medical practitioner registered with the Health Professions Council;
 - Anaesthesia is associated with side effects and complications, as are all types of medical treatment.
- **I have read through the list of possible complications associated with anaesthesia as listed below.** I accept these risks and **my signature below indicates such acceptance.**

COMPLICATIONS ASSOCIATED WITH GENERAL ANAESTHESIA

COMMON (>1/100 cases)	RARE (<1/1000 cases)	VERY RARE (<1/10000 cases)
<ul style="list-style-type: none"> • Nausea and vomiting • Postoperative pain • Sore throat • Headache • Shivering or feeling cold • Broken teeth • Drowsiness • Reaction at injection or infusion site 	<ul style="list-style-type: none"> • Postoperative confusion • Nerve injury • Eye injury or blindness • Hearing loss • Breathing difficulties • Allergic reactions • Medication-related reactions • Intra-operative awareness • Embolism (air, blood clot, liquor) 	<ul style="list-style-type: none"> • Brain damage • Stroke • Cardiac arrest • Death

COMPLICATIONS ASSOCIATED WITH REGIONAL OR LOCAL ANAESTHESIA

COMMON (>1/100 cases)	RARE (<1/1000 cases)	VERY RARE (<1/10000 cases)
<ul style="list-style-type: none"> • Nausea and vomiting • Postoperative pain • Shivering • Feeling cold • Headache • Back pain • Difficulty passing urine • Itching • Nerve irritation • Failed anaesthetic • Reaction at injection or infusion site 	<ul style="list-style-type: none"> • Nerve injury • Spinal cord injury • Infection (eg. meningitis; epidural abscess) • Epidural blood clot • Allergic reactions • Medication-related reactions • Breathing difficulties • Total (high) spinal anaesthetic • Local anaesthetic intoxication 	<ul style="list-style-type: none"> • Brain damage, should cardiac arrest occur • Cardiac arrest • Death

- **I understand that I may not be able to think clearly for a period of time after the anaesthetic.** I should, therefore, not drive a motor vehicle, operate any equipment or make life-changing / important decisions for a period of 24 hours after the anaesthetic. **I cannot hold the anaesthesiologist liable should I not adhere to these instructions.**

- I realise that **bleeding is a potential complication of any surgical procedure and that blood transfusion may be a life-saving treatment.**
- I realise that refusing a blood transfusion may lead to permanent injury or death.
- **I hereby refuse to receive a blood transfusion and accept the risks.**
- **My signature below indicates such refusal.**

○ **SIGNATURE:** _____

- I declare that I have had the opportunity to ask questions about the anaesthetic and that those questions have been answered to my satisfaction.
- I hereby consent to the administration of the anaesthetic in respect of myself / my dependant.
- My signature below indicates that I have read through and understood the aforementioned information.

Signature (patient or legal guardian): _____

AGREEMENT WITH ANAESTHESIOLOGIST: FEES AND PRIVACY POLICY

Please ask for an explanation should there be anything that you do not understand.

- It is your responsibility to pay the anaesthesiologist's account in full.
- The account is independent of those sent by the hospital and the surgeon.
- There are no benchmark tariffs or standard medical aid rates for health professionals:
 - The anaesthetic fee is market-related and based upon the cost, complexity and duration of providing the service.
- The Health Professions Council requires that all medical practitioners:
 - Must charge a standardised fee to all patients so as to avoid discrimination.
 - Have a contractual / payment agreement with the patient and guarantor / main member and NOT the Medical Scheme.
- Each Medical Aid Scheme sets its own rate of re-imburement:
 - You may have been informed that this represents 100% of the liable amount. This claim is misleading and may leave you with a co-payment, which is determined by the level of cover that you have purchased;
 - You will be informed of any outstanding amount due;
 - Obtaining pre-authorisation for a procedure from your Medical Scheme does not guarantee payment.
- The anaesthesiologist is unable to guarantee that your Medical Scheme will re-imburse the hospital in full for all of the equipment or medication that is used during your hospital admission.
- Please note that should your account be handed over to an attorney or debt-collection agency, you will also be liable to pay their respective fees.
- My personal information will be collected and only disclosed to other parties as indicated below:
 - To practice staff and third parties for the purposes of treating and managing me in terms of a doctor-and-patient relationship;
 - Disclosing my medical diagnoses and procedure to the relevant Medical Scheme;
 - Communicating with other persons in as much as it relates to my treatment and management;
 - Communicating with third parties who have undertaken to indemnify me for the costs of my treatment and management, or part thereof, including Medical Schemes and the administrators, where relevant;
 - My medical records may also be provided to an authorised third-party in the event of a valid audit of clinical practice;
 - Anaesthetists may need to obtain relevant medical information relating to me from other health-care providers (eg. pathologists or radiologists) for my optimal care or for the legal submission of an account for the purposes of collecting monies outstanding from me;
 - My signature below indicates my agreement to this disclosure.
- Any dispute which arises out of, or in connection with this agreement, or related thereto, other than a claim or dispute for the recovery of fees, shall be resolved firstly by way of negotiation in good faith by the parties, and in the event of that failing, by way of mediation. The reference to negotiation and mediation is a precondition to the parties referring the dispute to litigation or arbitration. In the event of the dispute being referred to mediation, the mediation shall be conducted in accordance with the Arbitration Foundation of South Africa Rules relating to mediation.
- For a more detailed explanation of the Practice billing policy and privacy policy, please go to the website of the relevant anaesthetic practice.
- **Your signature below indicates the following:**
 - **Your acceptance of our Billing Policy;**
 - **Your liability for the fees associated with our services;**
 - **Your acceptance of our Privacy Policy;**
 - **To your knowledge, all the information provided is correct and true;**
 - **You have read through, understood and agree to the terms as per this agreement.**

<p>ATTACH HOSPITAL STICKER WITH PATIENT DETAILS HERE, PLEASE</p>	<ul style="list-style-type: none"> • Name of patient / legal guardian: • _____ • Signature of patient / legal guardian: • _____ • Date: _____ • Cellular telephone number: • _____ • E-mail address: • _____
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Signature of Anaesthesiologist: _____