

	ASST MONZA OSPEDALE DI DESIO General Surgery Departement	Informed consent
--	--	-------------------------

Informed consent : Hospital: DESIO Departement: General Surgery

Patient' ID:

Last name

Name

Place of birth:Date of birth.....

Informed Consent

I
 accept to undergo the surgical procedure here described:

.....

On this behalf:

I had the opportunity to adequately and comprehensively discuss the characteristics of the intervention in question with dr., who explained in fully comprehensible terms the techniques currently available for carrying out the surgery I desired and all the therapeutic alternatives, including the possibility of not undergoing surgery and the possible consequences of the latter option.

I had a broad and detailed explanation of the risks related to surgery in general (with particular regard to: infection, anesthesiological risk, hematomas, pathological scarring) and those specifically related to the surgery I intend to undergo.

The list of these latter includes:

1.
2.
3.
4.

For each of the risks related to the surgery, I was given an explanation of the frequency with which it can occur and of any therapies that I may need to undergo for the treatment of complications. These include: antibiotic and drug therapy in general, immediate surgical revision, surgical revision after some time.

Data redazione	Revisione	Data approvazione	Pagina
	00		1 di 3

	ASST MONZA OSPEDALE DI DESIO General Surgery Departement	Informed consent
--	--	-----------------------------

I have been given ample explanation of the clinical checks I will have to go through after the procedure and their duration and frequency over time. I am aware that not respecting on my part the indications and controls following the intervention could compromise the result of the intervention itself and / or alter it unpredictably.

Patient' s signature

Surgeon' s signature

I agree to the establishment of the electronic health dossier and to the inclusion in the dossier of all the data produced from now on and of the previous data in its possession

Patient' s signature

Surgeon' s signature

I agree that clinical data, including images and videos, may be used for scientific and research purposes within the context of retrospective and prospective observational studies.

Patient' s signature

Surgeon' s signature

The information contained in this information sheet was the subject of an interview between the proposing / executing doctor and the patient (or the legal representative).

This health document information form was delivered on

Patient' s signature

Surgeon' s signature

Data redazione	Revisione	Data approvazione	Pagina
	00		2 di 3

	ASST MONZA OSPEDALE DI DESIO General Surgery Departement	Informed consent
--	--	-----------------------------

Fattori di rischio associati

Indicazione delle condizioni morbose concomitanti che costituiscono fattore di rischio



001---139-- MALATTIE INFETTIVE E PARASSITARIE	140---239-- TUMORI	240---279-- MALATTIE ENDOCRINE, NUTRIZIONALI, METABOLICHE E DISTURBI IMMUNITARI
280---289-- MALATTIE DEL SANGUE E DEGLI ORGANI EMATOPOIETICI	290---319-- DISTURBI PSICHICI	320---389-- MALATTIE DEL SISTEMA NERVOSO E DEGLI ORGANI DEI SENSI
390---459-- MALATTIE DEL SISTEMA CIRCOLATORIO	460---519-- MALATTIE DELL'APPARATO RESPIRATORIO	520---579-- MALATTIE DELL'APPARATO DIGERENTE
580---629-- MALATTIE DEL SISTEMA GENITOURINARIO	630---679-- COMPLICAZIONI DELLA GRAVIDANZA, DEL PARTO E DEL PUERPERIO	680---709-- MALATTIE DELLA CUTE E DEL TESSUTO SOTTOCUTANEO
710---739-- MALATTIE DEL SISTEMA OSTEOMUSCOLARE E DEL TESSUTO CONNETTIVO	740---759-- MALFORMAZIONI CONGENITE	760---779-- ALCUNE CONDIZIONI MORBOSE E DI ORIGINE PERINATALE
780---799-- SINTOMI, SEGNI E STATI MORBOSI MAL DEFINITI	800---999-- TRAUMATISMI E AVVELENAMENTI	V01---V83-- CLASSIFICAZIONE SUPPLEMENTARE DEI FATTORI CHE INFLUENZANO LO STATO DI SALUTE E IL RICORSO AI SERVIZI SANITARI

Data : ___/___/____
 gg / mm / aaaa

Firma: _____
 Medico proponente (matricola e firma/signa)

Data redazione	Revisione	Data approvazione	Pagina
	00		3 di 3