

Please adhere Patient Label

PATIENT DETAILS:

## A3 FORMAT

### PART A 甲部

(1) (i) I, \_\_\_\_\_ (The Patient), hereby voluntarily give my consent to undergo the procedure (the Procedure) of \_\_\_\_\_

to be performed by Dr. \_\_\_\_\_ under general/monitored anaesthetic care/regional/intravenous sedation/local/no anaesthesia.

本人, \_\_\_\_\_ (病人姓名), 在此同意接受由 \_\_\_\_\_ 醫生為本人施行

並使用全身麻醉 / 監察麻醉 / 區域麻醉 / 靜脈注射麻醉藥物 / 局部麻醉 / 無麻醉方式。

OR 或

(ii) I, \_\_\_\_\_, the father / mother / legal guardian of \_\_\_\_\_ (The Patient), hereby voluntarily give my consent for the patient to undergo the procedure of \_\_\_\_\_

to be performed by Dr. \_\_\_\_\_, under general/monitored anaesthetic care/regional/intravenous sedation/local/no anaesthesia.

本人, \_\_\_\_\_ 為 \_\_\_\_\_ (病人姓名)之父親/母親/合法監護人, 在此代表病人同意接受由 \_\_\_\_\_ 醫生替其施行

並使用全身麻醉 / 監察麻醉 / 區域麻醉 / 靜脈注射麻醉藥物 / 局部麻醉 / 無麻醉方式。

(2) I acknowledge that, before signing this consent form, I have been fully informed about the proposed Procedure, including the following: 本人確認在簽署此同意書前, 已獲得有關此手術/醫療程序之資料, 包括:

(i) Indication for performing the Procedure. 需要進行是項手術 / 醫療程序之原因

(ii) General nature of the Procedure. 是項手術/醫療程序之性質

(iii) Potential general risks of complications and side effects, including but not limited to bleedings, wound infections, chest infections, other infections, heart attack, stroke, blood clot in the leg veins, blood clot travelling to the lungs, and death. 是項手術/醫療程序可能引致的危險及併發症, 包括但不限於出血、傷口感染、肺炎、其他感染、心臟病發、中風、大腿靜脈栓塞、肺血管栓塞、以及死亡

(iv) Potential specific risks of complications and side effects relevant to the Procedure and the Patient's condition. 是項手術/醫療程序及與病人情況有關之潛在危險及併發症

(v) Other treatment options, and consequences of no treatment. 其他治療方法及不接受治療所帶來的後果

(vi) Additional and/ or consequential treatment(s) or management which may become necessary during or after the Procedure including: 是項手術/醫療程序在進行中或完成後可能需要的額外治療/手術, 包括

☐ intensive care; 深切治療

☐ blood and / or blood product transfusion; 輸血

☐ conversion to open procedure from minimal invasive procedure. 由微創轉為開腔手術

☐ others 其他治療程序(請說明): \_\_\_\_\_

(Please tick box if applicable, and/or insert other treatment or management if applicable. 請✓適用項目或列明其他適用之治療)

(3) I understand that 本人明白

- (i) by necessity, medical practitioners other than the Doctor may assist in performing the Procedure;  
如有需要，除上述醫生外，可能需要其他醫生參與是項手術/醫療程序
- (ii) if tissues or organs are removed during the Procedure, they may be submitted for pathological examination following which they will be disposed of appropriately, or they may be disposed of without such pathological examination;  
若在手術期間有身體器官或組織被切除，這些器官或組織可能被棄置，或先作病理化驗，然後被棄置。
- (iii) during the Procedure, photographs or other recording may be taken which may be used for medical documentation or teaching purposes. For the latter, the Patient's identity will not be disclosed or identifiable; and  
是項手術/醫療過程可能會被攝影或錄影以作存檔或教學用途，如屬後者，病人之身份將不會被公開或識別。
- (iv) there is no guarantee that the Patient's condition or prognosis will improve following the Procedure.  
進行是項手術/醫療程序，並不保證病人情況或以後病況會改善。

(4) If the procedure is for the purpose of my sterilization, I understand that there is a possibility that I may not remain sterile after the sterilization procedure. *(Delete this paragraph, if not applicable)*  
若是進行絕育手術，本人明白手術後可能仍有生育能力。 *(如不適用可刪除)*

(5) I confirm that I have been provided with an information leaflet on the Procedure \_\_\_\_\_ *(attach copy if applicable)*, and that I have reviewed the same, and that I fully understand the contents. *(Delete this paragraph, if not applicable)*  
本人確認收到有關是項手術/醫療程序的資料單張 \_\_\_\_\_ (如有附頁請附上)，並已閱讀及完全明白其內容。(如不適用可刪除)

\_\_\_\_\_  
Patient's Signature 病人簽署

ID/Passport No 身份証/護照號碼：\_\_\_\_\_

Date 日期：\_\_\_\_\_ (dd/mm/yy) (日/月/年)

\_\_\_\_\_  
Father/Mother/Legal Guardian's Signature 父親/母親/合法監護人簽署

ID/Passport No 身份証/護照號碼：\_\_\_\_\_

Relationship 關係：\_\_\_\_\_

Date 日期：\_\_\_\_\_ (dd/mm/yy) (日/月/年)

\_\_\_\_\_  
Signature of Witness (Witness of Patient/Father/Mother/Legal Guardian's Signature)

見證人簽署 (証明病人/父親/母親/合法監護人簽署之見證人)

Witness's Name 見證人姓名：\_\_\_\_\_

Date 日期：\_\_\_\_\_ (dd/mm/yy) (日/月/年)

**DOCTOR'S DECLARATION 醫生聲明：** I have explained the nature, risks and benefits of the operation to the patient and have answered the patient's questions. To the best of my knowledge, the patient has been adequately informed and has consented, and the details as such have been documented in the patient's clinical record. 本人已向上述之病人解釋是項手術/醫療程序的性質、風險及效益，並已解答其提出的有關問題。據本人所理解，病人已獲得充分的資料及已簽妥同意書，而這些資料已記錄在病人的病歷內。

\_\_\_\_\_  
Doctor's Signature 醫生簽署

Date 日期：\_\_\_\_\_ (dd/mm/yy) (日/月/年)

**INTERPRETER'S DECLARATION 翻譯員聲明：** I, \_\_\_\_\_, certify that I have truly, distinctly and audibly interpreted the contents of this document into *(insert language or dialect)* \_\_\_\_\_ to the Patient/Father/Mother/Legal Guardian.  
本人，\_\_\_\_\_ 已向簽署人/父親/母親/合法監護人如實地及清楚地將此同意書的內容翻譯成 \_\_\_\_\_ (語言或方言)。

\_\_\_\_\_  
Interpreter's Signature 翻譯員簽署

ID/Passport No 身份証/護照號碼：\_\_\_\_\_

Date 日期：\_\_\_\_\_ (dd/mm/yy) (日/月/年)

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PATIENT DETAILS:

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## A3 FORMAT

### PART B 乙部

(For Blood Transfusion or when no anaesthesia is required, Part B of the consent is not required) (輸血或無需接受麻醉程序，不需填寫乙部同意書)

### CONSENT FOR ANAESTHESIA 病人接受麻醉同意書

- (6) (i) I, \_\_\_\_\_ (The Patient), hereby voluntarily give my consent to the administration of the forms of anaesthesia as listed in (7) and for the Procedure set out in *Part A 1(i)(for surgery)*

本人，\_\_\_\_\_ (病人姓名)，在此同意接受以下列出於第七項所選之麻醉方式進行所選之手術/程序列名於 甲部1(i) (外科手術)。

OR 或

- (ii) I, \_\_\_\_\_, the father / mother / legal guardian of \_\_\_\_\_ (The Patient), hereby voluntarily give my consent for the Patient to the administration of the forms of anaesthesia as listed in (7) and for the Procedure set out in *Part A 1(i)(for surgery)*

本人，\_\_\_\_\_ 為 \_\_\_\_\_ (病人姓名)之父親/母親/合法監護人，在此代表病人同意接受以下列出於第七項所選之麻醉方式進行所選之手術/程序列名於 甲部 1 (i) (外科手術)。

- (7) Type of anaesthesia 麻醉類別:

- ☐ General Anaesthesia 全身麻醉  
☐ Monitored Anaesthetic Care 監測麻醉  
☐ Intravenous Sedation 靜脈注射鎮靜劑  
☐ Local Anaesthesia / Topical Anaesthesia 局部麻醉/表面麻醉  
☐ Regional Anaesthesia (Spinal/Epidural/ \_\_\_\_\_ Anaesthesia)  
區域麻醉(脊髓/硬膜外/ \_\_\_\_\_ 麻醉)  
☐ Regional Anaesthesia (Spinal/Epidural/ \_\_\_\_\_ Anaesthesia for labour and delivery)  
區域麻醉(脊髓/硬膜外/ \_\_\_\_\_ 用於分娩的麻醉)  
☐ Possible combination of the above 以上可能之組合  
☐ Others 其他: \_\_\_\_\_

- (8) I acknowledge that, before signing the consent form, I have been fully informed about the possible risks / complications associated with anaesthesia: 本人確認在簽署此同意書前，已獲得有關麻醉之風險及併發症之資料:

- (i) **General risks / complications** 一般風險及併發症

- ◆ Minor problems are common, including but not limited to nausea and vomiting, general aches and pains, shivering, headache, dizziness, post operative pain and pain at injection sites, and sore throat.  
常見之輕微併發症包括但不限於噁心及嘔吐、一般疼痛、顫抖、頭痛、頭暈、手術後及注射部位之疼痛、喉嚨的疼痛。
- ◆ Serious complications from anaesthesia are uncommon, including but not limited to breathing difficulties, stroke or brain damage leading to permanent disability, strain on the heart resulting in heart attack, anaphylactic drug reactions, awareness whilst under general anaesthesia and damage to teeth & lips.  
因麻醉而導致之嚴重併發症並不常見。有關併發症包括但不限於呼吸困難、因中風或腦部受損而引起的永久性傷殘、心臟受壓而引起的心臟病、藥物性過敏反應、全身麻醉情況下仍保持清醒、牙齒及口唇受損。
- ◆ Some of these serious complications can be fatal. 個別嚴重併發症可導致死亡

- (ii) **Any risks relevant to the patient** 針對該病人之風險

- ◆ Risks may be increased due to co-existing problems such as Diabetes, high blood pressure, heart disease, kidney disease, respiratory disease including asthma, common cold or influenza, smoking, overweight and old age.  
風險會因下列之病人個別情況而提升：糖尿病、高血壓、心臟病、腎病、呼吸系統疾病(包括哮喘)、感冒、吸煙、過重、年老



(iii) **Specific risks / complications associated with regional / spinal / local / epidural anaesthesia are uncommon. They include**  
區域/脊髓/局部/硬膜外麻醉之風險/併發症並不常見，其包括：

- ◆ Block may not work or work only partially, requiring supplementary anaesthesia 麻醉/局部麻醉未能發揮作用，而需要額外麻醉
- ◆ Block may be too extensive requiring cardiovascular and respiratory support 麻醉過廣而引致心血管及呼吸需要輔助
- ◆ Headache after spinal or epidural anaesthesia 脊髓或硬膜外麻醉後之頭痛
- ◆ Pain, bleeding or infection at site of injection 注射部位疼痛、出血或感染
- ◆ Damage to spinal cord, adjacent nerves, blood vessels or organs 脊髓、鄰近神經、血管或器官之損傷
- ◆ Paraplegia / paralysis 截癱/癱瘓

- (9) I acknowledge that, before signing this consent form, I have been fully informed that the quoted complications / risks of anaesthesia are not exhaustive. Rare complications may not be listed.  
本人確認為簽署此同意書前，已明白此文件不能徹底列出所有併發症/風險，其他不常見之併發症可能並未包括在內。
- (10) I understand that by necessity, medical practitioners other than the undersigned Doctor may assist in conducting the anaesthesia.  
本人明白如有需要，除以下簽署的醫生外，可能需要其他醫生參與施行麻醉程序。
- (11) I confirm that I have been provided with an information leaflet on anaesthesia, \_\_\_\_\_ (attach copy if applicable), and that I have reviewed the same, and that I fully understand the contents. *(Delete this paragraph, if not applicable)*  
本人確認收到有關項麻醉程序的資料單張 \_\_\_\_\_ (如有附頁請附上)，並已閱讀及完全明白其內容。(如不適用可刪除此項)
- (12) The consent shall be subject to review after a period of 6 months.  
同意書將在6個月後進行審查。

\_\_\_\_\_  
Patient's Signature 病人簽署

ID/Passport No 身份証/護照號碼：\_\_\_\_\_

Date 日期：\_\_\_\_\_ (dd/mm/yy) (日/月/年)

\_\_\_\_\_  
Father/Mother/Legal Guardian's Signature 父親/母親/合法監護人簽署

ID/Passport No 身份証/護照號碼：\_\_\_\_\_

Relationship 關係：\_\_\_\_\_

Date 日期：\_\_\_\_\_ (dd/mm/yy) (日/月/年)

\_\_\_\_\_  
Signature of Witness (Witness of Patient/Father/Mother/Legal Guardian's Signature)

見證人簽署 (証明病人/父親/母親/合法監護人簽署之見證人)

Witness's Name 見證人姓名：\_\_\_\_\_

Date 日期：\_\_\_\_\_ (dd/mm/yy) (日/月/年)

**DOCTOR'S DECLARATION 醫生聲明：** I have explained the nature, risks and benefits of anesthesia 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. 本人已向上述簽署者解釋是項麻醉程序的性質、風險及效益，並已解答其提出的有關問題。據本人所理解，上述簽署者已獲得充分的資料及已簽妥同意書，而這些資料已記錄在病人的病歷內。

\_\_\_\_\_  
Signature of Doctor responsible for the anesthesia

負責麻醉之醫生簽署

Doctor's Name 醫生姓名：\_\_\_\_\_

Date 日期：\_\_\_\_\_ (dd/mm/yy) (日/月/年)

**INTERPRETER'S DECLARATION 翻譯員聲明：** I, \_\_\_\_\_, certify that I have truly, distinctly and audibly interpreted the contents of this document into *(insert language or dialect)* \_\_\_\_\_ to the Patient/Father/Mother/Legal Guardian.

本人，\_\_\_\_\_ 已向簽署人/父親/母親/合法監護人如實地及清楚地將此同意書的內容翻譯成 \_\_\_\_\_ (語言或方言)。

Please adhere Patient Label  
PATIENT DETAILS:

\_\_\_\_\_  
Interpreter's Signature 翻譯員簽署

ID/Passport No 身份証/護照號碼：\_\_\_\_\_

Date 日期：\_\_\_\_\_ (dd/mm/yy) (日/月/年)