



**SELÇUK UNIVERSITY
MEDICAL FACULTY HOSPITAL
INFORMED CONSENT FORM FOR DIAGNOSIS,
TREATMENT, INTERVENTION AND TREATMENTS**

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Name Surname:.....
Protocol No:.....
Date of Birth:.....
Gender: Female Male
Preliminary Diagnosis/ Definitive Diagnosis:.....
Treatment to be Applied or Transaction Type:.....

DEAR PATIENT, DEAR PARENT / CUSTODIAN

You have applied to Selçuk University Faculty of Medicine Hospital to benefit from the health services we offer. You have the right to benefit from all the rights granted to patients by the laws of our country. This document aims to enable you to benefit from your rights to information and informed consent. You have the right to receive information about how to benefit from our hospital's services. You have the right to receive information about your health in a way you can understand. You have the right to receive information in a way you can understand, regarding all options for diagnostic or therapeutic interventions that may be performed on you, as well as the benefits and possible harms of these interventions. You can refuse to be informed except in cases of legal and medical necessity. You have the right not to receive information or to request that someone you trust be informed on your behalf, provided that you notify us in writing. After being informed about your health condition or the diagnostic and therapeutic interventions that will be applied to you (all kinds of invasive interventions), you can choose one of these diagnostic or therapeutic interventions and accept it. With some exceptions, no intervention for diagnosis or treatment can be carried out without your consent (consent/acceptance). You must inform us in writing that you do not accept the diagnostic or therapeutic interventions recommended to you. In emergency situations that threaten your life or vital organ, diagnostic and therapeutic interventions may be carried out without your consent.

"I will be informed by my doctor about my health condition and the medical - surgical treatment - diagnostic intervention - alternative intervention or treatment methods that will be applied to me, what these diagnosis / treatment methods may be, the benefits they will provide, the possible harms of these diagnosis - treatment methods, unexpected or unpreventable situations, all complications and possible risks were explained in detail. "When I rejected these diagnosis and treatment methods, I was informed about what other risks could threaten my health and whether there was another medical method that could be applied instead of this treatment."

"I know that I may encounter situations that may require an additional operation to those planned by my doctors in the interventions and / or operations planned by my doctors, and I can also ask additional questions about the methods that can be applied and think for an appropriate period of time before deciding on the treatment methods where these can be answered, and I can choose among the recommended diagnostic methods. "I have been informed verbally and in writing in a way that I can understand, that I can give up at any time unless there is a life-threatening situation, and I accept the application of all these diagnostic and treatment methods with my free will and without any pressure."

"The cause of my illness and the possible benefits and risks of all diagnosis and treatment methods to be applied in the hospital were explained.
"I agree to the necessary medical treatment for the treatment of my disease, examinations, surgical intervention, and necessary invasive interventions by the specialist..... , of my own free will, without being under any pressure in Selçuk University Faculty of Medicine Hospital."

Estimated Duration of the Process: minute.

Important Features of the Drugs to be Used: During my stay in the hospital, I received information about the important features of the drugs to be used for diagnosis and treatment (what they are used for, benefits, side effects, how to use).

Lifestyle Recommendations Critical to the Patient's Health: I received information about what I should do for my lifestyle after my treatment/surgery (Diet, bathing, medication use, movement status and/or restriction status).

How to Reach Medical Assistance on the Same Subject When Necessary: I received information on how to reach medical aid on the same issue when necessary (my own physician, a different physician, the department where I am treated, and 112 in case of emergency while I am in the Republic of Türkiye).

How to Reach Us:

Hospital Santral: +90 (332) 241 50 00

Hospital E- mail: hastaneiletisim@selcuk.edu.tr

You can consult your doctor to get more detailed information about the procedures to be performed.

Please; Declare in your own handwriting that you understand what you have read and been told about your disease, treatment process, surgical procedure, possible side effects and all possible risks:

.....

..... Date:...../...../..... Time:.....

IF THE PATIENT IS CONSCIOUS;	IF THE PATIENT IS UNCONSCIOUS OR THERE IS A LEGAL REPRESENTATIVE FOR THE CHILD;
Patient's Patient Name and Surname Adress	Legal Representative *(Custodian) or Parent Patient Name and Surname Adress.....
Tel.No:.....	Tel.No:.....
Signature:	Signature:
Doctor Name Surname:..... Signature:	Doctor Name Surname:..... Signature:
Witness**: Name Surname:..... Signature:	Witness **: Name Surname:..... Signature: