



INFORMED CONSENT FORM

for Immigrant Patients

INGLESE	FRANCESE	SPAGNOLO	CINGALESE
CINESE	ARABO	RUSSO	UCRAINO

The purpose of the informed consent is to allow patients to express their will to accept the diagnostic or therapeutic treatment proposed by the physician.

The Consent form must be signed only by the person concerned or, in case of a minor (person below 18 years of age) by the parents or legal tutor.

Before patients can give or deny consent, they must be duly informed in advance.

The task of informing patients lies with the physician who must explain: the benefits that patients may have from treatment, any problems and risks entailed by the treatment, whether there are any alternative treatments, which are these alternative treatments and what the risks in case of refusal are.

Patients are entitled to ask and receive detailed information. Nonetheless they have the right to choose not to be informed (in this case a third person is authorized to give consent).

Facility of ASL Napoli 1 (Hospital/Healthcare District/Intermediate Healthcare Unit)

Unit / Ward / Out-Patient Unit / Center _____

I, _____

born in _____ on _____

hereby declare to have received from Dr. _____

Adequate information on the following (*cross*)

exam	therapy	treatment	procedure
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PLEASE SPECIFY _____

I therefore state (*tick box*)

<input type="checkbox"/>	that I have been given the opportunity to ask questions and that I have received answers
<input type="checkbox"/>	that I have been informed of the benefits and risks involved
<input type="checkbox"/>	that I have been informed of possible alternative treatments

For the reasons above, I hereby give my consent to undergo (please specify): _____

PATIENT'S SIGNATURE

Relative's signature _____ (*degree of kinship*)

MINOR: signature of parent or legal tutor _____

Date _____ Physician's Signature _____