

FORM A: SunMed Skin & Medical Skin Cancer Consent Form

Patient Only

Note: Fill out the form with your full legal name, sign it, and date it.

Patient's Name _____

Patient's Date of Birth _____

Part A

The Doctor has explained that I have the following condition:

- Skin cancer, comprising either
- BCC) Basal Cell Carcinoma or
- (SCC) Squamous Cell Carcinoma or
- Melanoma or
- Other _____

We have discussed the options for treatment and agree that in my case this condition requires
removal by surgical excision

Site _____

and repair of the resulting deficit by means of either:

- Direct Skin Closure
- Flap (Type/Detail)

- Graft (Type/Detail)



I consent to the Doctor performing this procedure.

Part B

The Doctor has explained that this is a routine procedure and has indicated that the following risks and complications are involved in the procedure.

General Risks

There is a small risk that I may feel some discomfort during the procedure due to failure of the anaesthetic, but that this will be rectified by further injection of local anaesthetic.

Specific Risks \ There are small risks of

Wound infection,

Wound Breakdown,

Graft or Flap Failure,

Nerve Damage

Each of these events is a recognised complication of excision of skin cancer and deficit repair, however each is unusual.

I understand that I will be left with a scar, and that while the scar should gradually improve over time, there is no guarantee as to the final outcome.

I understand that while the aim of this surgery is to eradicate all disease and it is the Doctor's intent to do this, surgery may not eradicate all disease and that further treatment may be necessary after the removed specimen has been examined by the pathologist.



In addition, significant risks and complications specific to my individual circumstances have been explained as follows:

(ef. Haemorrhage if taking anticoagulants, Facial Nerve Paresis)

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Part C

I acknowledge that the Doctor has provided me with verbal information concerning the procedure, the risks and benefits and the available alternative treatments.

I acknowledge that the Doctor has answered my specific queries and concerns regarding these matters. The Doctor has offered me the opportunity of being referred to a Specialist/Plastic Surgeon.

I acknowledge that the Doctor has not made any guarantee that the procedure will cure my condition.

I understand that if immediate life threatening events happen during the procedure, the Doctor will provide treatment as is appropriate to the situation.

I have considered the risks, benefits and the alternatives and I consent to the procedure.



Signature of Patient/Parent/Guardian: _____

Date: _____

Part D

Doctors/Practitioners Only

I declare that I have personally explained the nature of the patient's condition, the need for treatment and the options available, the procedure or operation to be performed as well as the risks and benefits of the procedure and any available alternatives to that treatment, as is outlined in parts A, B and C.

- to the patient
- to the patient's Parent/Guardian
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I have given the patient or the person named above an opportunity to ask questions which I have answered as fully as possible.

Signature: _____

Date: _____

