

### PERSONAL MEDICATION LIST

Date: \_\_\_\_\_

**Details of the patient:**

Last name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

First name: \_\_\_\_\_

Write down the medication you take every day or regularly such as heart medication, painkillers, insulin, antacids, sleeping pills, puffers, eye drops, syrups, vitamins, food supplements, etc. Also write down the products you get from the pharmacy or elsewhere or without a prescription.

Ask your GP, home visit nurse or family for help if necessary.

I don't take any medication

Every day I take/ I regularly take:

FULL name of the medication + STRENGTH + form (tablet, syrup, etc.)*	Quantity + time that you take the medication					Comments e.g. On an empty stomach, every two days, only on Fridays, etc.
	8h	12h	17h	20h	22h	

I take the following medication occasionally:

FULL name of the medication + STRENGTH + form (tablet, syrup, etc.)*	8h	12h	17h	20h	22h	Comments

**BRING YOUR MEDICATION ON ADMISSION TO THE HOSPITAL!** (in the original packaging)

\* Ask your GP, home visit nurse or family for help if necessary

## DECLARATION OF CONSENT

### Details of the patient:

Last name: \_\_\_\_\_ date of birth: \_\_\_\_\_  
First name: \_\_\_\_\_

**The undersigned** \_\_\_\_\_ (name and surname)

### Consents to the surgical procedure/examination and anaesthesia required on:

- myself  my spouse  my underage child  
 \_\_\_\_\_

### Relating to the procedure

- You have been informed about the nature and purpose of the medical procedure that is about to be performed. You have been informed about the risks associated with the procedure, the possible results and limitations of the method. You have been given the opportunity to ask questions;
- You have read the information leaflet, if available, regarding the proposed procedure and declare that you understand all the information;
- You will stop taking your blood thinners as prescribed by the doctor;
- You consent that a representative of a medical company may, at the surgeon's request, attend the operation.

### Relating to the anaesthesia

- You have been informed about the proposed anaesthesia, including possible alternatives and risks. You have been given the opportunity to ask questions;
- You have read the information leaflet, if available, on the proposed procedure and declare that you understand all the information;
- You have completed the (online) questionnaire truthfully, to the best of your ability and as accurately as possible and have had all necessary additional examinations performed. You are aware of the danger that may result from inaccurate, incomplete or false data. You agree with any medical decisions as a result of this;
- You consent to the collection of information relating to your health history to determine the care needs;
- You will not eat or smoke from midnight before the scheduled examination / anaesthesia / procedure\*. You may drink clear water up to two hours before admission;
- You understand that risks are associated with any form of anaesthesia, partly determined by your general condition and the severity of the procedures. Non-observance of the rules regarding eating or smoking and taking home medication may increase the risks. More information is available in the information brochure or on the website ([www.azdiest.be](http://www.azdiest.be));
- You will remove your make-up, gel nails (thumb and index finger of both hands), jewellery and piercings and contact lenses before the procedure. (The hospital is not liable for any loss.)
- You will not drive a vehicle (car, bicycle, motorbike) or operate any machinery for the first 24 hours after surgery/anaesthesia\*. You will not consume alcohol in the first 24 hours. Signing legal documents or making important decisions is not advisable in the first 24 hours.

### General

- You declare your consent to any further admission if this should prove necessary due to unforeseen circumstances.
- You will not go home under your own steam, but will be accompanied by a person and remain under that person's direct supervision for 24 hours.

**Date:** \_\_\_\_\_

**Signature:**

### Concerning the administration of blood products

- You declare that the doctor in charge of your treatment explained the possibility of transfusion and its added value, and that alternatives were discussed;
- You hereby declare that blood products may be administered if necessary.

### I AGREE/DO NOT AGREE\* with the administration of blood products.

**Date:** \_\_\_\_\_

**Signature:**

\* please circle as appropriate