Patient agreement to Radiotherapy
You have the right to change your mind at any time including after you have signed this form.

Treatment Area

Statement of health professional (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)
I have explained the procedure to the patient/parent. In particular, I have explained:

The intended benefits:
Improved survival  □  Improved local control  □  Symptom control  □

Serious or frequently occurring side effects:
Nausea  □  Tiredness  □  Poor appetite  □  Skin reaction  □

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of those involved.

Previous radiotherapy? YES □  NO □
Pacemaker fitted? YES □  NO □
Patient advised not to become pregnant during radiotherapy? YES □  NO □  N/A □

The following leaflet/tape has been provided ________________________________

(Include version number)

I confirm that any exposure to radiation that forms part of the planning and treatment process has been fully justified by myself and duly authorised.

Signed ___________________________ Date ______________
Name (PRINT) ___________________________ Job title ______________

Special Requirements: YES □  NO □
If YES, please state: ________________________________

Statement of interpreter (where appropriate)  N/A □
I have interpreted the information above to the patient/guardian to the best of my ability and in a way in which I believe s/he can understand.

Signed ___________________________ Date ______________
Name (PRINT) ___________________________

Form No. 1766