



Endoscopic Ultrasound Patient Consent Form

Patient Information:

- **Full Name:** _____
- **Date of Birth:** _____
- **Medical Record Number:** _____

I, the undersigned, consent to undergo an endoscopic ultrasound. This procedure involves the insertion of a special endoscope combined with ultrasound through the mouth to examine the walls and structures of the gastrointestinal tract and nearby organs.

I understand that the risks of an endoscopic ultrasound may include, but are not limited to: Sore throat, bleeding, especially if a biopsy is taken, perforation of the gastrointestinal tract, infection, adverse reactions to sedatives or anaesthesia, aspiration pneumonia.

I understand the benefits of an endoscopic ultrasound include accurate diagnosis of digestive tract conditions, ability to perform minimally invasive biopsies to assist accurate diagnoses and treatment planning, and therapeutic procedures to assist in pain control.

I have been informed about alternative diagnostic tools and treatments and I understand the pros and cons of these alternatives and why an endoscopic ultrasound is recommended.

I have received and understand the instructions for preparing for an endoscopic ultrasound. I understand the sedation options available.

I have been informed about the recovery process and what to expect after the procedure, including potential symptoms or complications to watch for.

Patient Acknowledgment:

- I have had the opportunity to ask questions about the procedure, risks, benefits, alternatives, and preparation. I understand the information provided and voluntarily consent to proceed with the endoscopic ultrasound. I consent to any necessary treatment or interventions that may arise during the procedure.

Signatures:

Patient Signature: _____ **Date:** _____

Doctor Signature: _____ **Date:** _____