

FORM
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PATIENT CONSENT FORM



DATE: _____

I _____ informed to Mr./Mrs./Ms./Dr.
_____ family member/Guardian of
_____ about his/her medical and physical conditions
and explained below consents

- I have informed the patient and his/her guardians of the treatment, procedure or care options available at hospital, and the likely outcomes of each treatment or care option, including known benefits if transfer to hospital and possible complications if not transfer to hospital.
- I have recommended the treatment/procedures/investigations procedures at hospital.
- I have explained possible serious outcome like death or fall in serious health conditions will occur if emergency hospitalization procedure won't be done immediately.

I (Family member/Guardian) _____
fully aware above consents and happy not to transfer my loved one
_____ to hospital. I understand that if
immediate life-threatening events happen during care at Swarg, I am only responsible for any
outcome of my loved one.

Family member/Guardian Signature: _____

Swarg Authorized Signature: _____

Date: _____ Time: _____ a.m. / p.m.