

Informed Consent for Neurosurgery Procedure

Patient Name

Date of Birth

Medical Record Number

Procedure Information

Procedure Name

Indication for Procedure

Description of Proposed Procedure

Benefits and Goals

Risks and Complications

List of Possible Risks/Complications

Alternatives

Alternative Treatments (including non-treatment)

Questions

Questions/Concerns Discussed

Consent

By signing below, I acknowledge that I have discussed the procedure, its risks, benefits, and alternatives with my doctor and all of my questions have been addressed to my satisfaction. I voluntarily give my consent for the neurosurgical procedure listed above.

Patient/Legal Representative Signature

Date

Physician Signature

Date