

[Patient Label] *Clinic / OPD Use*

Name: \_\_\_\_\_

Hospital No: \_\_\_\_\_

Sex / Age: \_\_\_\_\_

[Patient Label] *In-Patient Use*

Name: \_\_\_\_\_

Hospital No: \_\_\_\_\_

Sex / Age: \_\_\_\_\_

(1)A 本人  
I \_\_\_\_\_  
(病人姓名 Full Name of Patient)

\*身份證號碼 / 護照號碼  
H.K.I.D. No. / Passport No. \_\_\_\_\_

或 OR

(1)B 本人 \_\_\_\_\_ \*身份證號碼 / 護照號碼 \_\_\_\_\_ 為病人  
I \_\_\_\_\_ H.K.I.D. No. / Passport No. \_\_\_\_\_ am Patient  
(簽署人姓名 Full Name of Signatory)

的 \*父親 / 母親 / 監護人 / 醫生，在此代表病人同意接受

\_\_\_\_\_'s father / mother / guardian / doctor, hereby voluntarily give my consent for the Patient  
(病人姓名 Full Name of Patient)

在此同意接受  
hereby voluntarily give my consent to undergo the procedure of \_\_\_\_\_  
(手術名稱 Name of Procedure)

由 \_\_\_\_\_ 醫生施行，並使用  
to be performed by Dr. \_\_\_\_\_ under

- |  |  |
|--|--|
| <input type="checkbox"/> 全身麻醉 general anaesthesia        | <input type="checkbox"/> 局部麻醉 local anaesthesia/表面麻醉 topical anaesthesia |
| <input type="checkbox"/> 監察麻醉 monitored anaesthetic care | <input type="checkbox"/> 區域麻醉靜 regional anaesthesia                      |
| <input type="checkbox"/> 靜脈注射鎮靜劑 intravenous sedation    | <input type="checkbox"/> 無麻醉方式 no anaesthesia                            |

(2) 本人確認，在簽署此同意書前，已獲得有關此手術 / 醫療程序之資料，包括：  
I acknowledge that, before signing this consent form, I have been fully informed about the proposed Procedure, including the following:

- (a) 需要進行是項手術 / 醫療程序之原因  
Indication for performing the Procedure.
- (b) 是項手術 / 醫療程序之性質  
General nature of the Procedure.
- (c) 是項手術 / 醫療程序可能引致的危險及併發症，包括但不限於出血、傷口感染、肺炎、其他感染、心臟病發、中風、大腿靜脈栓塞、肺血管栓塞、以及死亡  
Potential general risks of complications and side effects, including but not limited to bleeding; wound infection; chest infection; other infection; heart attack; stroke; blood clot in the leg veins; blood clot travelling to the lungs; and death.
- (d) 是項手術 / 醫療程序及與病人情況有關之潛在危險及併發症  
Potential specific risks of complications and side effects relevant to the Procedure and the Patient's condition.
- (e) 其他治療方法及不接受治療所帶來的後果  
Other treatment options and consequences of no treatment.
- (f) 是項手術 / 醫療程序在進行中或完成後可能需要的額外治療 / 手術，包括：  
Additional and / or consequential treatment(s) or management which may become necessary during or after the Procedure including:
  - 深切治療 intensive care;
  - 輸血 blood and blood products transfusion;
  - 由微創轉為開腔手術 conversion to open procedure from minimal invasive procedure.及 / 或列明其他適用之治療  
And / or other treatment or management, if appropriate \_\_\_\_\_

[Patient Label] *Clinic / OPD Use*

Name: \_\_\_\_\_

Hospital No: \_\_\_\_\_

Sex / Age: \_\_\_\_\_

[Patient Label] *In-Patient Use*

Name: \_\_\_\_\_

Hospital No: \_\_\_\_\_

Sex / Age: \_\_\_\_\_

(3) 本人明白

I understand that

(a) 如有需要，除上述醫生外，可能需要其他醫生參與是項手術 / 醫療程序；

by necessity, medical practitioners other than the Doctor may assist in performing the Procedure;

(b) 若在手術期間有身體器官或組織被切除，這些器官組織可能被棄置，或先作病理化驗，然後被棄置；

if tissues or organs are removed during the Procedure, they may be submitted for pathological examination following which they will be disposed of appropriately, or they may be disposed of without such pathological examination;

(c) 是項手術 / 醫療過程可能會被攝影或錄影以作存檔或教學用途，如屬後者，病人之身份將不會被公開或識別；及

during the Procedure, photographs or other recording may be taken which may be used for medical documentation or teaching purposes. For the latter, the Patient's identity will not be disclosed or identifiable; and

(d) 進行是項手術 / 醫療程序，並不保證病人情況或以後病況會改善。

there is no guarantee that the Patient's condition or prognosis will improve following the Procedure.

(4) 若是進行絕育手術，本人明白手術後可能仍有生育能力。(如不適用可刪除)

If the procedure is for the purpose of my sterilization, I understand that there is a possibility that I may not remain sterile after the sterilization procedure. (delete this paragraph, if not applicable)

(5) 本人確認收到有關是項手術/醫療程序的資料單張(附頁)，並已閱讀及完全明白其內容(□是/□不適用)。

I confirm that I have been provided with an information leaflet on the Procedure (copy attached), and that I have reviewed the same, and that I fully understand the contents (□Yes/□NA).

單張 Leaflet (pls specify): MI-CMD \_\_\_\_\_ MI-CND \_\_\_\_\_

\*病人 / 父母 / 監護人 / 醫生 簽署

日期

Signature of \* Patient / Parent / Guardian / Doctor : \_\_\_\_\_ Date: \_\_\_\_\_

見證人簽署

姓名

日期

Signature of Witness : \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

見證人姓名 (Full Name of Witness)

醫生聲明：本人已向上述之病人解釋是項手術 / 醫療程序的性質、風險及效益，並已解答其提出的有關問題。據本人所理解，病人已獲得充分的資料及已簽妥同意書，而這些資料亦已記錄在病人的病歷內。

**DOCTOR'S DECLARATION: I have explained the nature, risks and benefits of the operation to the patient and have answered the patient's questions. To the best of my knowledge, the patient has been adequately informed and has consented, and the details as such had been documented in the patient's clinical record.**

負責解釋 / 及手術 / 醫療程序之醫生(1) 簽署

Signature of Doctor(1) responsible for explaining /and the OT

醫生姓名 Name of Doctor: \_\_\_\_\_

日期 Date: \_\_\_\_\_

負責手術 / 醫療程序之醫生(2) 簽署

Signature of Doctor (2) responsible for the OT

醫生姓名 Name of Doctor: \_\_\_\_\_

日期 Date: \_\_\_\_\_

由翻譯員填寫(如適用):

To be completed by Interpreter (if applicable):

本人 \_\_\_\_\_ 已如實地及清楚地  
I \_\_\_\_\_ certify that I have truly, distinctly and audibly interpreted the

翻譯員姓名(Full Name of Interpreter)

將此同意書的內容以 \_\_\_\_\_ 向簽署人翻譯。  
contents of this document into \_\_\_\_\_ to the \*Patient/Parent/Guardian.

(語言或方言 insert language or dialect)

翻譯員簽署

Signature of Interpreter: \_\_\_\_\_ 日期 Date: \_\_\_\_\_

\*請刪除不適用句子 Delete if inappropriate.