

Dr Simon Louis - FRACP, MBBS

Gastroenterologist

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Colonoscopy Consent Form

Please answer the following questions at home prior to commencing preparation for colonoscopy.

1. Do you understand what a colonoscopy involves and why it is being done?

Yes/No

2. Do you understand the risks associated with colonoscopy?

Yes/No

3. Do you agree to the removal of polyps if they are found?

Yes/No

4. If you are female are you confident that you are not pregnant?

Yes/No

If you have answered no to any of the above questions it is advisable that you book a consultation with Dr Louis prior to your colonoscopy.

I have read and understand all of the information I have been given regarding colonoscopy.

I consent to Dr Simon Louis performing colonoscopy and understand the risks involved.

Name **DOB**/...../.....

Signature..... **Date**...../...../.....

Doctors Signature..... **Date**...../...../.....

PLEASE COMPLETE & BRING WITH YOU ON THE DAY OF THE PROCEDURE.