**CLARENDON LODGE MEDICAL PRACTICE**

Patient/ parental agreement to investigation or treatment (procedures where consciousness not impaired)

**Name of procedure** (including brief explanation if medical term not generally understood)

Steroid injection to other site (e.g. tennis/golfer’s elbow/shoulder/knee)

:

**Statement of health professional** (to be filled in by one with appropriate knowledge of proposed procedure, as specified in consent policy)

**I have explained the procedure to the patient/ parent. In particular, I have explained the intended benefits as follows:-**

Removal Confirmation of diagnosis  Symptom control

**The serious, or frequently occurring, risks of this treatment/ procedure include:-**

Documents

Pain Scar Bleeding Infection  Tendon rupture  Joint infection  Hypopigmentation (light skin)

Skin atrophy (dimple at injection site) Recurrence (need for further procedure)

**Reduces your immunity against infection including against COVID19**

**I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of the patient/ parent/ other involved parties.**

Signed: ……………………………… Date …

Name (PRINT): …

**Statement of patient/ person with parental responsibility for the patient**

**I agree** to the procedure described above.

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Signature: ……………………………… Date

Patient name :

Patient date of birth:

**Allergies (circle/ delete as appropriate) Anticoagulation**

Local anaesthetic NO Aspirin NO

Elastoplast NO Warfarin NO

Rubber/ Latex NO **PACEMAKER IN SITU NO**