



General Consent Form for Admission

Songklanagarind Hospital

Patient Name..... Age.....Yr HN..... Ward/OPD.....	Doctor's signature..... (.....) Doctor code..... Date.....
Disease or symptoms need to diagnose	Management of illness : <input type="checkbox"/> Medicine..... <input type="checkbox"/> Operation..... <input type="checkbox"/> Additional diagnosis by..... <input type="checkbox"/> Others.....

All details relating to medical treatment have been satisfactorily explained to me by Dr.....,and I understand the necessity to undergo medical treatment or operation at Songklanagarind Hospital.

I consent to Doctor (name as above) and the assigned staff performing treatment according to their professional criteria. In case of a change of diagnosis or treatment, I have a right to have such changes explained to me and can at that time choose to withdraw for the treatment without any impact on my right to medical treatment in the future. I agree to the followings:

- to follow the general Rules and Regulations of Songklanagarind Hospital, as noted in the brochure entitled and a copy of which I have been provided with;
- to accept such treatments as the doctors and health care team at Songklanagarind Hospital consider necessary, that is, such things as local or general anesthesia, surgery, IV administration of appropriate medications which includes all medical procedures, regimen of medication, and general healthcare for the management of my illness;
- In the event of an emergency, I hereby consent to the Songklanagarind medical team treating me taking such actions as they consider appropriate and necessary to deal with the emergency
- If I discharge myself from the hospital against the advice of the medical team, I will not make any legal claim or take legal action against Songklanagarind Hospital or hold them liable for any damages

Signature of patient (.....) Date	Signature of witness (on behalf of patient) (.....) Signature of witness (on behalf of hospital) (.....)
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In the event of an incapacitated patient: I, as identified immediately below, have been advised of the condition of the patient named above and the treatment the medical staff wish to administer, and agree to the above rights and obligations and give my consent to the hospital to carry out the treatments it considers necessary.

Name of Person Assuming Responsibility for above named patient

Age..... Occupation.....Nationality..... ID/Passport No:.....

Relationship to the patient: () Father () Mother () Guardian () Other; specify.....

Signature of person responsibility for patient (.....) Date	Signature of witness (on behalf of patient) (.....) Signature of witness (on behalf of hospital) (.....)
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In case of a change of diagnosis or treatment, I have all details relating to the treatment explained to me, and I understand the necessity to undergo medical treatment or operation at Songklanagarind Hospital.

No.1 Date..... Detail.....	Signature of patient (.....)
	Signature of doctor (.....)
No.2 Date..... Detail.....	Signature of patient (.....)
	Signature of doctor (.....)
No.3 Date..... Detail.....	Signature of patient (.....)
	Signature of doctor (.....)