

┌ Clinic / doctor [Klinik / Praxis]



┌ Patient data [Patientendaten]:

englisch

┌ Sedation is required for the following operation/treatment/examination
[Die Betäubung ist für die folgende OP/Behandlung/Untersuchung vorgesehen]

┌ on (date) [Datum]:

┌
Dear patient,

your anaesthetist (hereinafter referred to as „the doctor“) has recommended that you be given a sedative (sedation), if need be in combination with pain medication (analgo sedation), during the procedure scheduled for you.

The following text is intended to inform you and – if applicable – your family about the course of this procedure, related risks and any measures you need to take before and after the sedation/analgo sedation. The following text is also intended to prepare you for your pre-procedure interview with the doctor. During the interview, the doctor will explain to you the advantages and disadvantages of the scheduled method compared with alternative methods available (such as general anaesthesia or treatment without the use of sedatives). He will inform you of any risks specific to your case and of any potential complications which could result from them. Please read the following information and complete the form carefully. It is understood that your data will be treated as confidential.

During the interview, the doctor will answer all of your questions in order to reduce any fears or concerns you may have. You may then consent to the suggested sedation/analgo sedation or reject it. Your doctor will provide you with a copy of the completed and signed form after the interview.

COURSE OF SEDATION/ANALGOSEDATION

ABLAUF DER SEDIERUNG/ANALGOSEDIERUNG

In order for you to be able to be as calm and relaxed as possible during the procedure scheduled for you, the administration of a sedative is advisable. If moderate sedation is used, you will feel slightly drowsy, but remain conscious, responsive and capable of cooperating with your doctor. If the sedative dose is increased, you will fall asleep and be entirely unaware of the procedure or examination. For certain procedures, a fast-acting analgesic will be administered to you in addition to the sedative (analgo sedation).

During the entire procedure, your vital functions (such as blood pressure, heart rate, oxygen saturation) will be continuously monitored. Should any problems occur, appropriate measures will be taken immediately. Through the peripheral venous cannula inserted into your lower arm or the back of your hand, infusions or other types of medication can also be administered in addition to the sedative and analgesic at any time.

Afterwards, you may not remember the procedure at all or only parts of it. This is perfectly normal and no cause for concern.

POSSIBLE ADDITIONAL MEASURES

MÖGLICHE ERWEITERUNGSMASSNAHMEN

The sleep-like state caused by sedatives can sometimes unintentionally transition into a general anaesthetization. The patient's consciousness and sensitivity to pain will then shut down entirely and artificial respiration will become necessary.

Respiration will be effected through either a breathing air hose (tube) inserted into the mouth or the nose and, from there, into the windpipe (which is called **intubation**), or through a so-called

laryngeal mask placed in front of the larynx. Intubation is a very safe method of respiration and also protects the lungs from stomach contents entering.

In some cases, for instance if a procedure takes longer than originally planned or if there are complications, transitioning to general anaesthetization can also be a conscious step taken by the doctor.

DIRECTIONS FOR PREPARATION AND AFTERCARE

HINWEISE ZUR VORBEREITUNG UND NACHSORGE

Please follow the instructions of the doctor and assistance personnel closely.

Preparation:

Medication: It is important for you to inform your doctor of any medication you take or inject on a regular basis or have taken over the course of the past eight days prior to the procedure (in particular any anticoagulant agents or pain killers). This includes any over-the-counter medication and herbal remedies. Your doctor will let you know if and for how long you need to stop taking your medication.

Food, drink and smoking: In order to prepare for sedation/analgo sedation, please only eat light meals on the day before your scheduled procedure. As a general rule, **you may not eat anything any more 6-8 hours prior to the procedure** (this includes soups or sweets such as candy, chewing gum) and not drink any juices with pulp, milk, broth or alcohol, **you must also refrain from smoking. Clear fluids** in small amounts (e.g. 1-2 cups of water or unsweetened tea with no milk or cream) may be allowed **up to two hours** prior to the sedation/analgo sedation. You doctor will provide you with specific instructions.

These guidelines for pre-procedure fasting are intended to protect you from any stomach contents entering into your lungs during the procedure. **It is therefore very important to tell your doctor if you were not able to adhere to these fasting guidelines (to refrain from eating, drinking, smoking) during the indicated period of time.**

Please remember to remove any removable objects such as contact lenses, hearing aids, glasses or jewellery. Please do not put on any make-up or facial cream. Please consult your doctor to find out whether dentures (dental prosthetics), piercings, hair-pieces or nail polish should be removed prior to the procedure.

Aftercare:

After the procedure, you will be monitored until your vital functions are stable again. Please do not get up on your own until your doctor allows you to do so, and do not leave the room without consulting the nursing personnel first.

Nausea and vomiting induced by the sedatives or analgesics are temporary and can usually be treated effectively.

If the procedure is performed **on an out-patient basis**, it is necessary for an adult to come and collect you. Please also make sure there will be an adult at home to supervise you for **24 hours** after the procedure or for the period of time recommended by your doctor. Your reaction capacity will be impaired through the medication administered to you. Therefore, unless otherwise instructed, **you must not actively participate in road traffic** for a period of 24 hours after you have been released from the clinic/surgery (not even as a pedestrian) nor participate in any risky activities. You should also refrain from taking any important personal or economic decisions during this period.

Please inform your doctor immediately or come to the clinic if you experience symptoms such as **trouble breathing, circulatory problems or disturbances of consciousness, severe nausea, vomiting, hoarseness, a temperature, spasms, paraesthesia or paralysis**. These symptoms require immediate medical attention.

With regard to additional guidelines regarding e.g. eating, taking medication or physical activity, please follow the instructions of your doctor closely. **Please refrain from smoking or drinking alcohol, taking sedatives or sleeping pills for a period of 24 hours** after analgosedation.

RISIKS, POSSIBLE COMPLICATIONS AND SIDE EFFECTS RISIKEN, MÖGLICHE KOMPLIKATIONEN UND NEBENWIRKUNGEN

It is well known that any medical procedure is accompanied by certain risks, which – in some cases – may require additional treatment or surgery and can sometimes be **life-threatening** – even after some time. The occurrence of side effects and complications depends on several factors, such as the patient's age, overall health, previous conditions, life style and the type and the severity of the procedure. However, serious complications are very rare even in patients with severe previous conditions. Please understand that, for legal reasons, any possible risks associated with this procedure must be listed, even if some of these only occur in exceptional cases. During the interview, your doctor will inform you of any risks specific to your case. If you would like to waive a detailed explanation, please confirm your waiver with your signature in the final section of this form. In any case we ask you to please answer the questions pertaining to your medical history (anamnesis) carefully.

General risks

Bruising (haematomata) sometimes occurs at or around the puncture sites. This may lead to firm, painful swelling. Most of the time, this will disappear after a few days or weeks even without treatment.

Damage to the skin, soft tissue or nerves (for instance through injections, disinfectants or despite proper positioning) is rare. Paraesthesia, sensory disturbance, numbness, paralysis and pain may then result. These symptoms usually disappear without treatment or can be treated successfully. On rare occasions, these symptoms may persist, or scars may remain.

Infections, for instance at the site where the injection needle or the cannula was inserted, including syringe abscess, tissue death (necrosis) and scarring or vein inflammation (phlebitis) rarely occur. They will lead to swelling, redness, pain, warm skin and a temperature. In most cases, such infections can be treated successfully with antibiotics. In rare cases, germs may be introduced into the bloodstream (bacteraemia), leading to dangerous blood poisoning (toxaemia) or even to inflammation of the endocardium (endocarditis) as a result. Adequate intensive care will then be required. In extremely rare cases, an infection may result in the death of a patient despite proper treatment.

Allergic reactions (intolerance symptoms), for instance to sedatives or other medication, rarely occur. Reddening of the skin, skin rash, wheal formation, itching, swelling or nausea and coughing may then occur as a result. They normally disappear without treatment or can be treated successfully. Severe reactions, e.g. swelling of the laryngeal mucous membrane, disturbances in the function of the cardiovascular system and the lungs are very rare. The shortness of breath, spasms, tachycardia or circulatory shock which may then result require adequate intensive care. Temporary or even permanent organ damage such as brain damage, vision disorders, nerve damage and even paralyses, kidney dysfunction and even kidney failure can occur despite adequate treatment.

As a result of **impaired blood circulation** or the formation of blood clots (**thromboses**), neighbouring tissue may be damaged (leading to painful swelling) or the organs directly affected may incur damage. Such blood clots may then travel to other parts of the body and block the vessels of other organs (**embolism**). Even despite immediate intensive care or operative intervention, this may lead to permanent damage (e. g. lung embolism, stroke including permanent paralyses, kidney failure).

Specific risks related to sedation/analgosedation

The administration of sedatives can lead to **trouble breathing or circulatory problems** (e.g. a drop in blood pressure, slowing of the heart rate) accompanied by **nausea and vomiting**.

Deep sedation may lead to **loss of consciousness, cardiac and breathing arrest**. Artificial respiration will then be necessary in order to prevent damage to the brain, for instance.

On very rare occasions, stomach contents may enter the lungs undetected, which may then lead to acute **obstruction of airways** or **pneumonia** followed by permanent damage to the lungs or even to **lung failure** in some cases. This risk especially applies if the order not to eat, drink or smoke prior to the procedure has not been followed.

In extremely rare cases, patients with a genetic predisposition may experience a rise in body temperature through the medication administered (**malignant hyperthermia**). This may result in cardiac and breathing arrest as well as in multiple organ failure. In these cases, immediate intensive care will be provided in order to avert the aforementioned risks.

In elderly patients or children, sedation or anaesthesia can result in a temporary state of **disorientation**.

Specific risks related to a transition to general anaesthesia

The insertion of a breathing tube or a laryngeal mask may result in the following complications: occasionally a **sore throat**,

difficulties swallowing and **hoarseness**, all of which usually disappear without treatment; very rarely **injuries of the throat, larynx, vocal chords** or the **windpipe**, leading to paraesthesia, shortness of breath, permanent difficulties swallowing and hoarseness; **tooth damage** – especially in patients with loose teeth, caries, parodontosis or permanent dentures

(e.g. prostheses, dental bridges, implants etc.) – or even loss of teeth, which will then require treatment by a dentist.

Airway obstruction through a muscle contraction in the larynx (laryngospasm) is rare. It can usually be treated effectively and immediately.

Questions about Your Medical History

Please fill in the following questionnaire carefully before your information talk. **Please tick the applicable box!** It goes without saying that your information will be treated confidentially. The information you provide will help the physician to better assess the risks of anaesthesia in your particular case, to advise you on the complications that could occur, and to take any steps needed to prevent complications and side effects.

yes=ja no=nein

Gender: M / F, **age:** _____ **years, weight:** _____ **kg, height:** _____ **cm, occupation** _____
 Geschlecht: m / w, Alter: Jahre, Gewicht: kg, Größe: cm, Beruf

Do you normally use corrective lenses (eyeglasses, contact lenses, etc.)? yes no

Verwenden Sie normalerweise eine Sehhilfe (Brille, Kontaktlinse, etc.)?

Do you usually wear a hearing aid? yes no

Tragen Sie gewöhnlich ein Hörgerät?

Have you recently been given medical treatment? yes no

Wurden Sie in der letzten Zeit ärztlich behandelt?

If so, why? _____

Wenn ja, weswegen?

Have you been operated on before? yes no

Wurden Sie bereits früher operiert?

If so, when and why? _____

Wenn ja, weswegen und wann?

Were there complications with anaesthesia or treating pain? yes no

Ergaben sich damals bei der Anästhesie oder Schmerzbehandlung Komplikationen?

If so, which ones? _____

Wenn ja, welche

Have any blood relations (parents, brothers, sisters) ever experienced an unforeseen incident in connection with an anaesthetic procedure? yes no

Kam es bei Blutsverwandten (Eltern, Geschwister) zu Zwischenfällen im Zusammenhang mit einer Anästhesie?

Are you pregnant? not certain nicht sicher yes no

Besteht eine Schwangerschaft?

Are you currently breast feeding a baby? yes no

Stillen Sie?

Information about medications:

Do you regularly require blood thinning medications (anticoagulants) or have you taken any or have any been injected during the past 8 days? yes no

Aspirin (ASS), Heparin, Marcumar®,

Plavix®, Ticlopidin, Clopidogrel.

Angaben zur Medikamenteneinnahme: Benötigen Sie regelmäßig blutgerinnungshemmende Mittel oder haben Sie in der letzten Zeit (bis vor 8 Tagen) welche eingenommen bzw. gespritzt? Aspirin® (ASS), Heparin, Marcumar®, Plavix®, Ticlopidin, Clopidogrel.

Any other: _____

Sonstiges:

When did you take the last dose? _____

Wann war die letzte Einnahme?

Do you take any other medications? yes no

Nehmen Sie andere Medikamente ein?

If so, which ones: _____

Wenn ja, bitte auflisten:

(Please include non-prescription medications, herbal and other natural remedies, vitamins, etc.) (Auch rezeptfreie Medikamente, natürliche oder pflanzliche Heilmittel, Vitamine, etc.)

Do you have or have you ever had any of the following diseases or symptoms thereof?

Liegen oder lagen nachstehende Erkrankungen oder Anzeichen dieser Erkrankungen vor:

Blood diseases / blood clotting disorders? yes no

increased tendency to bleed (e.g. frequent nose-bleeds, increased bleeding after surgery, minor wounds or dental treatment), tendency to bruise (frequent bruising possibly for no particular reason).

Bluterkrankung/Blutgerinnungsstörung? Erhöhte Blutungsneigung (z.B. häufiges Nasenbluten, verstärkte Nachblutung nach Operationen, bei kleinen Verletzungen oder Zahnarztbehandlung), Neigung zu Blutergüssen (häufig blaue Flecken auch ohne besonderen Anlass).

Do you have any blood relatives with signs of blood disease / clotting disorders? yes no

Gibt es bei Blutsverwandten Hinweise auf Bluterkrankungen/Blutgerinnungsstörungen?

Allergies / Oversensitivity? yes no

Medications, foods, contrast media, iodine, sticking plaster, latex (e.g. rubber gloves, balloons) pollen (grass, trees), anaesthetics, metals (itching caused by metal spectacles frames, jewellery, jeans buttons).

Allergie/Überempfindlichkeit? Medikamente, Lebensmittel, Kontrastmittel, Jod, Pflaster, Latex (z.B. Gummihandschuhe, Luftballon), Pollen (Gräser, Bäume), Betäubungsmittel, Metalle (z. B. Juckreiz durch Metallbrillengestell, Modeschmuck oder Hosennieten).

Any other: _____

Sonstiges:

Heart, circulatory or blood vessel diseases? yes no

Heart attack, chest pain and/or tightness (angina pectoris), heart defect, irregular heart rhythm, inflammation of heart muscle, heart valve disease, shortness of breath while climbing stairs, heart surgery (possibly with insertion of an artificial heart valve, pacemaker, defibrillator), high blood pressure, low blood pressure, stroke, varicose veins, inflammation of a vein, thrombosis, embolism.

Herz-/Kreislauf-/Gefäß-Erkrankungen? Herzinfarkt, Angina pectoris (Schmerzen im Brustkorb, Brustenge), Herzfehler, Herzrhythmusstörungen, Herzmuskelentzündung, Herzklappenerkrankung, Luftnot beim Treppensteigen, Herzoperation (ggf. mit Einsatz einer künstlichen Herzklappe, Herzschrittmacher, Defibrillator), hoher Blutdruck, niedriger Blutdruck, Schlaganfall, Krampfadern, Venenentzündung, Thrombose, Embolie.

Any other: _____

Sonstiges:

Diseases of the respiratory tract (breathing passages) or lungs?

 yes no

Asthma, chronic bronchitis, inflammation of the lungs, emphysema, sleep apnoea (heavy snoring), vocal cord/diaphragm paralysis.

Erkrankung der Atemwege/Lungen? Asthma, chronische Bronchitis, Lungenentzündung, Lungenemphysem, Schlafapnoe (starkes Schnärchen), Stimmband-Zwerchfelllähmung.

Any other: _____

Sonstiges:

Metabolic diseases?

 yes no

Diabetes (sugar sickness), fructose malabsorption.

Stoffwechsel-Erkrankungen? Diabetes (Zuckerkrankheit), Fruchtzuckerunverträglichkeit.

Any other: _____

Sonstiges:

Thyroid diseases?

 yes no

Underactive thyroid, overactive thyroid, nodules, thyroid swelling (goitre).

Schilddrüsenerkrankungen? Unterfunktion, Überfunktion, Knoten, Kropf.

Any other: _____

Sonstiges:

Kidney diseases?

 yes no

Kidney insufficiency, kidney inflammation, kidney failure requiring dialysis.

Nierenerkrankungen? Nierenfunktionsstörung (Niereninsuffizienz), Nierenentzündung, dialysepflichtige Nierenerkrankung.

Any other: _____

Sonstiges:

Liver diseases?

 yes no

Jaundice, cirrhosis.

Lebererkrankungen? Gelbsucht, Leberzirrhose.

Any other: _____

Sonstiges:

Gastrointestinal diseases?

 yes no

Stricture in digestive tract, stomach ulcer, heartburn.

Magen-Darm-Erkrankungen? Engstelle im Verdauungstrakt, Magengeschwür, Sodbrennen.

Any other: _____

Sonstiges:

Diseases of the muscles / skeleton system (you or blood relatives)?

 yes no

Congenital or acquired changes in the chest, diseases of the joints (possibly with artificial joint), shoulder-arm syndrome, problems with the backbone (spine), muscle weakness (e.g. myasthenia gravis), tendency to elevated body temperature.

Erkrankungen des Muskel- und Skelettsystems (auch bei Blutsverwandten)? angeborene oder erworbene Veränderungen des Brustkorbs, Gelenkerkrankungen (ggf. künstliches Gelenk), Schulter-Arm-Syndrom, Wirbelsäulenbeschwerden, Muskelschwäche (z.B. Myasthenia gravis), Neigung zur überhöhten Körpertemperatur.

Any other: _____

Sonstiges:

Diseases of the nervous system?

 yes no

Brain disease or brain injuries, paralysis (anywhere), epilepsy.

Erkrankung des Nervensystems? Gehirnerkrankungen oder -verletzungen, Lähmungen, Krampfanfälle (Epilepsie).

Any other: _____

Sonstiges:

Communicable (contagious) diseases?

 yes no

Hepatitis, tuberculosis, HIV.

Infektionskrankheiten? Hepatitis, Tuberkulose, HIV.

Any other: _____

Sonstiges:

Damages to teeth / dental prostheses?

 yes no

Cavities, paradontosis, loose teeth, crown, bridge, implant, pivot tooth, removable artificial teeth.

Zahnschäden/Zahnersatz? Karies, Parodontose, lockere Zähne, Krone, Brücke, Implantat, Stiftzahn, herausnehmbarer Zahnersatz.

Any other: _____

Sonstiges:

Any other acute or chronic diseases / illnesses?

 yes no

Nicht aufgeführte akute oder chronische Erkrankungen?

Please describe: _____

Bitte kurz beschreiben:

Habits: Lebensgewohnheiten:

Do you smoke?

 yes no

If so, what and how much daily: _____

Rauchen Sie? Wenn ja, was und wie viel täglich:

Do you drink alcohol regularly?

 yes no

If so, what and how much daily: _____

Trinken Sie regelmäßig Alkohol? Wenn ja, was und wie viel täglich:

Do you take or have you ever taken drugs?

 yes no

If so, which ones: _____

Nehmen oder nahmen Sie früher Drogen? Wenn ja, welche:

Important Questions for Outpatient Procedures

Wichtige Fragen für ambulante Eingriffe

Who will pick you up when you are discharged from the hospital/ clinic/doctor's practise? Wer wird Sie abholen, sobald Sie aus Klinik/Praxis entlassen werden?

Name and age of the person picking you up: [Name und Alter des Abholers]

Where will you be able to be reached during the 24 hours after the procedure? Wo sind Sie in den nächsten 24 Stunden nach dem Eingriff erreichbar?

Street, house number, postcode, place : [Straße, Hausnummer, PLZ, Ort]

Telephone: [Telefonnummer]

Name and age of the person looking after you: [Name und Alter der Aufsichtsperson]

Who is your physician (the one whose care you are in/who referred you/family doctor)? Wer ist Ihr weiter betreuender Arzt/ überweisender Arzt / Hausarzt?

Name: [Name]

Street, house number: [Straße, Hausnummer]

Postcode, place: [PLZ, Ort]

Telephone: [Telefonnummer]

Medical Documentation of the Pre-Operative Explanatory Appointment

Ärztl. Dokumentation zum Aufklärungsgespräch

To be filled in by the physician Wird vom Arzt ausgefüllt

Über folgende Themen (z.B. mögliche Komplikationen, die sich aus den spezifischen Risiken beim Patienten ergeben können, nähere Informationen zu den Alternativmethoden, mögliche Konsequenzen, wenn die Sedierung/Analgesedierung verschoben oder abgelehnt wird) habe ich den Patienten im Gespräch näher aufgeklärt:

Pre-operative food and drink: Anweisung zum Nüchternheitsgebot:

- no solid food after _____ o'clock on the day before the procedure keine feste Nahrung ab ____ Uhr am Vortag des Eingriffs
- no food, beverages or alcohol after _____ o'clock on the day of the procedure keine Nahrung, Getränke, Alkohol ab ____ Uhr am Tag des Eingriffs
- nothing, not even clear liquids, after _____ o'clock on the day of the procedure keine klare Flüssigkeit ab ____ Uhr am Tag des Eingriffs

Patient's ability to take an independent decision on granting consent: Fähigkeit der eigenständigen Einwilligung:

- The patient is able to take an independent decision on the recommended sedation/analgesedation and to grant his or her consent to this procedure. Der/Die Patient(in) besitzt die Fähigkeit, eine eigenständige Entscheidung über die empfohlene Sedierung/Analgesedierung zu treffen und seine/ihre Einwilligung in das Verfahren zu erteilen.
- The patient was represented by a custodian or other legal guardian who is evidently in a position to take a decision in the interests of the patient. Der Patient wird von einem Betreuer bzw. Vormund mit einer Betreuungsurkunde vertreten. Dieser ist in der Lage, eine Entscheidung im Sinne des Patienten zu treffen.

Place, Date and Time [Ort, Datum, Uhrzeit]

Anaesthetist's signature [Unterschrift der Ärztin/des Arztes]

Patient's Refusal Ablehnung des Patienten

Dr. _____ has given me a full explanation of the anaesthetic procedure proposed for the medical procedure in question and of the disadvantages that will result from my refusal. I have understood this explanation. We were also able to discuss my knowledge and understanding of the information given to me. I hereby refuse the sedation/analgesedation that has been proposed for me.

Frau/Herr Dr. hat mich umfassend über die mir für den bevorstehenden Eingriff vorgeschlagene Betäubungsart und über die sich aus meiner Ablehnung ergebenden Nachteile aufgeklärt. Ich habe die diesbezügliche Aufklärung verstanden und konnte meine Erkenntnisse über die mir erteilten Informationen mit dem Arzt diskutieren. Hiermit lehne ich die mir vorgeschlagene Sedierung/Analgesedierung ab.

Place, Date and Time [Ort, Datum, Uhrzeit]

Signature of patient/legal guardian(s)/witness [Unterschrift der Patientin/des Patienten/der Erziehungsberechtigten*/Betreuer/Vormund/ggf. des Zeugen]

Patient's Declaration and Consent

Erklärung und Einwilligung des Patienten

Please mark the applicable boxes and then confirm the resulting declaration with your signature. Bitte kreuzen Sie Ihre Erklärung im zutreffenden Kästchen an und bestätigen Sie diese anschließend mit Ihrer Unterschrift:

I hereby confirm that I have understood all the parts this explanation for patients. I have read this explanatory sheet (5 pages) in its entirety and answered the questions about my medical history to the best of my knowledge and belief. During my preoperative explanatory appointment, Dr. _____ has given me a comprehensive explanation of the sedation/analgesedation planned for me, its risks and possible complications and side effects in my case, and its advantages and disadvantages relative to alternative methods of anaesthesia. **Ich bestätige hiermit, dass ich alle Bestandteile der Patientenaufklärung verstanden habe.** Diesen Aufklärungsbogen (5 Seiten) habe ich vollständig gelesen und die Fragen zu meiner Krankengeschichte (Anamnese) nach bestem Wissen beantwortet. Im Aufklärungsgespräch mit Frau/Herrn Dr. wurde ich über den Ablauf des geplanten Sedierung/Analgesedierung, dessen Risiken, Komplikationen und Nebenwirkungen in meinem speziellen Fall und über die Vor- und Nachteile der Alternativmethoden umfassend informiert.

I deliberately refrain from obtaining a more detailed explanation. I hereby confirm that I have been informed of the type and extent of the anaesthetic procedure to be carried out, of why this anaesthetic procedure is necessary, and of the circumstance that the sedation/analgesedation to be applied is not without its risks. I further confirm that I have answered the questions about my medical history to the best of my knowledge and belief. **Ich verzichte bewusst auf eine ausführliche Aufklärung.** Ich bestätige hiermit allerdings, dass ich von dem behandelnden Arzt über die Erforderlichkeit des Eingriffes, dessen Art und Umfang sowie über den Umstand, dass alle Betäubungsverfahren Risiken bergen, informiert wurde. Die Fragen zu meiner Krankengeschichte (Anamnese) habe ich nach bestem Wissen vollständig beantwortet.

I affirm that I do not need any more time in which to think the matter over and that I consent to the proposed anaesthetic procedure. I also approve all required auxiliary and follow-up measures (e.g. injections, monitoring, etc.). My approval also covers any required changes or extensions of the anaesthetic procedure, the continuation of the medical procedure under general anaesthesia. I affirm that I am in a position to follow the medical advice I have received. **Ich versichere, dass ich keine weiteren Fragen habe und keine zusätzliche Bedenkzeit benötige. Ich stimme der vorgeschlagenen Sedierung/Analgesedierung zu.** Die Fragen zu meiner Krankengeschichte (Anamnese) habe ich nach bestem Wissen vollständig beantwortet. Ich willige ebenfalls in alle notwendigen Neben- und Folgemaßnahmen (z.B. Einspritzungen, Überwachungsmaßnahmen) ein. Meine Einwilligung bezieht sich auch auf die erforderlichen Änderungen oder Erweiterungen des Verfahrens, z.B. die Fortführung des Eingriffs in Narkose. Ich versichere, dass ich in der Lage bin, die ärztlichen Verhaltenshinweise zu befolgen.

I agree that my copy of this explanatory form may be sent to the following e-mail address: Ich bin damit einverstanden, dass meine Kopie dieses Aufklärungsbogens an folgende E-Mail-Adresse gesendet wird:

e-mail address [E-Mail-Adresse]:

Place, Date, Time [Ort, Datum, Uhrzeit]

Signature of patient / legal guardian(s)
[Unterschrift Patientin / Patient / Betreuer / Vormund]

Copy/kopie: received/erhalten
 waived/verzichtet

Signature Copy received/waived
[Unterschrift Kopie erhalten/verzichtet]

*If only one parent signs, then by so doing this parent declares that he/she has sole rights of custody or is acting with the consent of the other parent.