

**Statement and consent to conduct gastroscopy.**

Family name and first name \_\_\_\_\_ Pesel: \_\_\_\_\_

**General information**

For the complete safety of the examination performance please provide in conversation with the doctor as well as by selecting herein information about significant diseases:

-- Do you suffer from a blood coagulation disorder or tendency to bleed; **YES**  **NO**

-- Do you use any anticoagulants (Sintrom, Acenocumarol) or antiplatelet drugs (Acard, Polopiryna, Bestpiryn, Ticlid, Aclotin); **YES**  **NO**

-- Do you suffer from an allergy or were there any cases of allergy to drugs (antibiotics, analgesics); **YES**  **NO**

(if yes, to which one?) .....

-- Do you suffer from any heart disease, cardiovascular disease or respiratory disease; **YES**  **NO**

(if yes, which one?) .....

-- Do you have artificial heart valves, pacemaker / defibrillator, vascular prostheses implanted; **YES**  **NO**

(if yes, which one?) .....

-- Is there any other circumstance which may be a hindrance in the p[erformance of the proposed examination **YES**  **NO**

(if yes, which one?) .....

--**Only women:** Are you pregnant; **YES**  **NO**

**Patient consent.**

I fully understood the information contained in this form and communicated to me during the conversation with the doctor. I was provided with unlimited opportunities to ask questions and I was granted answers and explanations in a satisfactory manner to all such questions. After getting acquainted with contents of the form and explanatory conversation with Dr. .... all my requirements for information on: diagnosis, indications for execution of the examination, proposed and alternative methods of diagnosis and treatment, possible to predict consequences of the use of these methods or its omissions, expected results of the examination was fulfilled.

I am aware of possible complications associated with this examination. I have no more questions or any doubt. I voluntarily agree to carry out the proposed examination.



In case of any changes identified during the examination I agree on the performance of additional treatments such as: to sample tissues for histopathological examination, removal of polyps, injection of a bleeding sites **YES**  **NO**

I declare that I did not accept for the past five days medicines to lower blood clotting; **YES**  **NO**

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place

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date

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patient signature