

# Blood Test

## Blood Test

Status: active Form type: default Company: Acme Inc

I, the undersigned, hereby give my consent to undergo a blood test(s) as ordered by my healthcare provider. I understand the nature of the test, its purpose, and have been given the opportunity to ask any questions. Procedure Explanation: A blood test involves drawing a small amount of blood from a vein, usually from the arm. The sample is then sent to a laboratory for analysis to provide diagnostic information. Potential Risks and Complications: I understand that there are potential risks and complications, which may include but are not limited to: Bruising, swelling, or infection at the puncture site Fainting or feeling lightheaded Hematoma (blood accumulating under the skin) Allergic reaction to the antiseptic used Informed Consent: Consultation: I have discussed my medical history, including any medications I am currently taking, allergies, and other relevant health information, with my healthcare provider. Instructions: I agree to follow all pre- and post-procedure instructions provided to me by my healthcare provider. Understanding: I acknowledge that the blood test is a diagnostic procedure and may require further medical evaluation depending on the results. Release: I hereby release, acquit, and discharge the medical practitioner, the laboratory, its agents, representatives, and employees from any and all liabilities, claims, or causes of action that may arise from this procedure.

Do you understand the information you have been provided?

Yes  No

Do you feel sufficient information has been provided to you, to enable you to consent?

Yes  No

Has your consent been freely given?

Yes  No

Do you have any medical conditions?

Yes  No

Are you pregnant or breastfeeding?

Yes  No

Do you have a neuromuscular disease (e.g. MS, ALS, motor neuropathy myasthenia gravis, or Lambert-Eaton syndrome)?

Yes  No

Do you have an autoimmune disease?

Yes  No

Do you have any skin conditions?

Yes  No

Do you have any known allergies or have ever had anaphylaxis?

Yes  No

Do you have any active infection at the intended site of procedure?

Yes  No

Are you taking antibiotics or other prescription medications?

Yes  No

Is there any other Medical and/or Social History that we should know? If so, please provide full detail here.

What are your aims/motivations for having the procedure and the desired outcome? Please provide full details here.

Have you had this or a similar treatment before? If so, did you experience any problems? Please provide full details here.

Do you have any concerns? If so, please provide full details here.

Is there anything else we should know? Please provide full details here.

I will retain this information throughout the course of my treatment and refer to it as required