

FLEXIBLE CYSTOSCOPY INFORMATION CHECKLIST

THIS WILL FORM PART OF THE CONSENT FOR YOUR FLEXIBLE CYSTOSCOPY PROCEDURE. BEFORE ATTENDING FOR YOUR PROCEDURE, PLEASE ENSURE THIS SECTION IS COMPLETED AND SIGNED. YOUR PROCEDURE MAY BE CANCELLED IF THIS HAS NOT BEEN COMPLETED BEFOREHAND.

PLEASE COMPLETE AND SIGN THE CHECKLIST BELOW:

- I have read the flexible cystoscopy leaflet. Yes No
- I understand the information it contains. Yes No
- I understand why I am having the test, and the possible risks of bleeding, perforation (puncture, tear, hole) or infection. Yes No
- I will be given every opportunity to discuss this with my consultant and/or the person performing the flexible cystoscopy. Yes No
- I understand and accept that biopsies (samples of tissue) may be taken. Yes No
- I understand the purpose of my flexible cystoscopy intended benefits and alternative tests. Yes No
- I feel I have had the opportunity to seek further information, ask questions and have received information and answers to my satisfaction. Yes No

Patient Name.....

Signature:

Date:

ANY QUESTIONS YOU MAY HAVE: