



Healthcare Consent Management

Checklist: Patient Rights & Documentation

Pre-Consent Discussion

Documents the initial conversation about the procedure/treatment and patient understanding.

Briefly describe the proposed procedure/treatment.

Write something...

Explain the purpose and expected benefits of the procedure/treatment.

Write something...

Describe potential risks and complications associated with the procedure/treatment.

Write something...

Explain alternative treatment options (if any) and their respective pros and cons.

Write something...

Patient's understanding of the procedure – Initial Assessment

- ☐ Fully understands
- ☐ Partially understands
- ☐ Limited understanding

Date of initial discussion

Enter date...

Time of initial discussion

Consent Form Review

Confirms the patient has reviewed and understands the consent form's contents.

Summary of Procedure/Treatment Explained

Write something...

Description of Potential Benefits

Write something...

Explanation of Potential Risks and Complications

Write something...

Alternative Treatment Options Discussed

Write something...

Patient Understanding Assessment (Verbal)

- ☐ Fully Understands
- ☐ Partially Understands
- ☐ Does Not Understand

Healthcare Provider Signature (Confirmation of Review)

Capacity Assessment

Evaluates the patient's ability to understand and make informed decisions.

Observed Cognitive Function (Brief)

- ☐ Clear and Alert
- ☐ Somewhat Confused
- ☐ Significantly Impaired
- ☐ Unable to Assess

Description of Communication & Comprehension

Write something...

Presence of Cognitive Impairment (Diagnosis)

- ☐ Alzheimer's Disease
- ☐ Dementia (Other)
- ☐ Stroke
- ☐ Traumatic Brain Injury
- ☐ Developmental Disability
- ☐ Mental Illness
- ☐ No Known Cognitive Impairment

Estimated Education Level (Years)

Enter a number...

Date of Last Cognitive Assessment

Enter date...

Assessor Signature

Alternatives Explanation

Verifies discussion of alternative treatments and their associated risks/benefits.

Description of Alternative 1

Write something...

Description of Alternative 2

Write something...

Description of Alternative 3 (If Applicable)

Write something...

Patient Understanding of Alternative 1

- ☐ Understands Completely
- ☐ Partially Understands
- ☐ Does Not Understand

Patient Understanding of Risks/Benefits of Alternative 1

- ☐ Fully Understood
- ☐ Partially Understood
- ☐ Not Discussed

Notes on Patient Concerns (Regarding Alternatives)

Write something...

Patient Questions & Clarification

Records any questions asked by the patient and the responses provided.

Patient Questions Asked

Write something...

Healthcare Provider Response/Explanation

Write something...

Patient Understanding Verified?

- ☐ Yes
- ☐ No
- ☐ Unsure

Summary of Clarification Provided (if applicable)

Write something...

Did patient express any concerns?

☐ Yes

☐ No

Details of Concerns (if any)

Write something...

Consent Signatures & Witnessing

Confirms proper signatures from the patient, healthcare provider, and witness (if required).

Patient Signature

Date of Signature

Enter date...

Time of Signature

Healthcare Provider Signature

Provider Signature Date

Enter date...

Witness Required?

☐ Yes

☐ No

Witness Signature (If Applicable)

Witness Signature Date (If Applicable)

Enter date...

Documentation & Storage

Ensures the consent form is accurately documented and securely stored in accordance with policy.

Date of Consent Documentation

Enter date...

Time of Consent Documentation

Signature of Documenting Staff

Consent Form Type

- ☐ General Consent
- ☐ Treatment Consent
- ☐ Procedure Consent
- ☐ Research Consent

Storage Location

- ☐ Electronic Health Record (EHR)
- ☐ Paper Archive – Secure Location
- ☐ Hybrid (EHR & Paper)

Notes on Documentation (e.g., specific instructions followed)

Write something...

Revocation/Amendment

Details the process for patients to revoke or amend their consent and confirmation of acknowledgement.

Date of Revocation/Amendment

Enter date...

Time of Revocation/Amendment

Reason for Revocation/Amendment (Patient)

Write something...

Healthcare Provider Explanation of Revocation/Amendment

Write something...

Patient Signature (Acknowledging Revocation/Amendment)

Healthcare Provider Signature (Confirming Revocation/Amendment)

Method of Revocation (e.g., Verbal, Written)

☐ Verbal

☐ Written