

**Texas Health Center for Diagnostics and Surgery  
DISCLOSURE AND CONSENT - ANESTHESIA and/or  
PERIOPERATIVE PAIN MANAGEMENT (ANALGESIA)**

**TO THE PATIENT:** *You have the right, as a patient, to be informed about 1) the recommended anesthesia/analgesia to be used and 2) the risks related to anesthesia/analgesia. This disclosure is designed to provide you this information, so that you can decide whether to consent to receive anesthesia/analgesia in the perioperative period (meaning shortly before, during and shortly after a procedure). Please ask your physician/health care provider any remaining questions you might have before signing this form.*

**Administration of Anesthesia/Analgesia**

The plan is for the anesthesia/analgesia to be administered by (note that the provider listed may change depending on the length of the procedure or other circumstances):

**Check the planned approach and have the patient/legally authorized representative initial:**

(Check one)

\_\_\_\_\_ Physician Anesthesiologist Dr. \_\_\_\_\_ [Name]  
\_\_\_\_\_ Dentist Anesthesiologist Dr. \_\_\_\_\_ [Name]  
\_\_\_\_\_ Non-Anesthesiologist Physician or Dentist Dr. \_\_\_\_\_ [Name]

(Check all that apply if the administration of anesthesia/analgesia is being delegated/supervised by the above provider)

\_\_\_\_\_ Certified Anesthesiologist Assistant \_\_\_\_\_ [Name]  
\_\_\_\_\_ Certified Registered Nurse Anesthetist \_\_\_\_\_ [Name]  
\_\_\_\_\_ Physician in Training \_\_\_\_\_ [Name]

The above provider(s) can explain the different roles of the providers and their levels of involvement in administering the anesthesia/analgesia.

**Types of Anesthesia/Analgesia Planned and Related Topics**

I understand that anesthesia/analgesia involves additional risks and hazards. The chances of these occurring may be different for each patient based on the procedure(s) and the patient's current health. I realize the type of anesthesia/analgesia may have to be changed possibly without explanation to me.

I understand that serious, but rare, complications can occur with all anesthetic/analgesic methods. Some of these risks are breathing and heart problems, drug reactions, nerve damage, cardiac arrest (heart stops beating), brain damage, paralysis (inability to move), or death.

I also understand that other risks or complications may occur depending on the type of anesthesia/analgesia. The type of anesthesia/analgesia planned for me and the related risks for that type of anesthesia/analgesia include but are not limited to:

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**Check planned anesthesia/analgesia method(s) and have the patient/legally authorized representative initial.**

☐ \_\_GENERAL ANESTHESIA – injury to vocal cords, teeth, lips, eyes; awareness during the procedure; memory dysfunction/memory loss; permanent organ damage; brain damage.

☐ \_\_REGIONAL BLOCK ANESTHESIA/ANALGESIA - nerve damage; persistent pain; bleeding/hematoma; infection; medical necessity to convert to general anesthesia; brain damage.

Location: \_\_\_\_\_.

☐ \_\_SPINAL ANESTHESIA/ANALGESIA - nerve damage; persistent back pain; headache; infection; bleeding/epidural hematoma; chronic pain; medical necessity to convert to general anesthesia; brain damage.

☐ \_\_EPIDURAL ANESTHESIA/ANALGESIA - nerve damage; persistent back pain; headache; infection; bleeding/epidural hematoma; chronic pain; medical necessity to convert to general anesthesia; brain damage.

☐ \_\_DEEP SEDATION – memory dysfunction/memory loss; medical necessity to convert to general anesthesia; permanent organ damage; brain damage.

☐ \_\_MODERATE SEDATION – memory dysfunction/memory loss; medical necessity to convert to general anesthesia; permanent organ damage; brain damage.

Additional comments/risks:

**Check if applicable and have the patient/legally authorized representative initial.**

☐ \_\_PRENATAL/EARLY CHILDHOOD ANESTHESIA - potential long-term negative effects on memory, behavior, and learning with prolonged or repeated exposure to general anesthesia/moderate sedation/deep sedation during pregnancy and in early childhood.

**Granting of Consent for Anesthesia/Analgesia**

In signing below, I consent to the anesthesia/analgesia described above. I acknowledge the following:

- I have been given an opportunity to ask questions I may have about:
  1. Alternative forms of anesthesia/analgesia,
  2. Steps that will occur during administration of anesthesia/analgesia, and
  3. Risks and hazards involved in the anesthesia/analgesia.
- I believe I have enough information to give this informed consent.

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- I certify this form has been fully explained to me and the blank spaces have been filled in.
- I have read the form or had it read to me.
- I understand the information on this form.

If any of those statements are not true for you, please talk to your physician/health care provider before continuing.

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**PATIENT/OTHER LEGALLY AUTHORIZED REPRESENTATIVE (signature required)**

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**Print Name**

**Signature**

If Legally Authorized Representative, list relationship to Patient:

**DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_ **A.M. /P.M.**

**WITNESS:**

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**Print Name**

**Signature**

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**Address (Street or P.O. Box)**

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**City, State, Zip**

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