CYCLE

Consent Discussion Form

Patient Name: _____ Study I.D. # _____

Study purpose, specific procedures and potential risks and benefits were explained to the patient/SDM by: Please specify: _____

INFORMED CONSENT Discussed **Date____/____/_____ and time ____: ____**
dd mm yyyy 24-hour clock

INFORMED CONSENT Signed **Date____/____/_____ and time ____: ____**
dd mm yyyy 24-hour clock

Persons present for discussion:

	Name	**Relationship/Title**
1.	_____	_____
2.	_____	_____
3.	_____	_____

Check either YES or NO for the following questions:

1. Were questions from patient/SDM encouraged & answered? ☐ YES ☐ NO
2. Were all questions resolved? ☐ YES ☐ NO
   Were all outstanding issues resolved at the end of the discussion? ☐ YES ☐ NO
   If any outstanding issues remain, please detail below.
4. Did the patient/SDM appear to understand the informed consent? ☐ YES ☐ NO
5. Was the patient/SDM given time to consider the informed consent? ☐ YES ☐ NO
6. Was a copy of the informed consent placed in the chart? ☐ YES ☐ NO
7. Was the patient/SDM given a copy of the informed consent? ☐ YES ☐ NO
   (If the answer is NO to any of these questions, please explain below)
8. Was this consent initially obtained by telephone? ☐ YES ☐ NO

_____ Date____/____/____
Signature dd mm yyyy