



**EMPLOYEES' STATE INSURANCE CORPORATION
HOSPITAL, PEENYA, BENGALURU - 560 022.**

(Under Ministry of Labour & Govt. of India)

Department of Anesthesia, Pain and Critical Care

CONSENT FOR ADMISSION TO INTENSIVE CARE UNIT

I the undersigned acknowledge that Dr.....has explained to me that/ the patient required admission to.....

I have been explained my critical condition / the critical condition of the patient and the need for admission and treatment in an intensive care unit and here by give my informed consent for my admission/the admission of the patient into the above mentioned Intensive Care Unit and for my treatment/the treatment of the patient there in as deemed fit by the attending doctors.

I am also informed that various procedure may have to be adopted in the intensive care unit which will, about limitation, including administration of Blood/Blood components, intubation, Ventilation. Tracheostomy and Inter Costal drainage, Cardio Pulmonary Resuscitation, Sedation, Catheterisation, Arterial & Central Venous Lines Placement for which also I give my consent. I have been explained and understand the risks associated with above mentioned procedures.

I certify and acknowledge that I have read and understood the contents of this form. It has been read and explained to me in the language understood by me, and that I understand the risks and have been made aware of attending risk of the procedure(S) that I/Patient have / has to undergo.

DOCTORS'S ADDITIONAL REMARKS (IF ANY)

NAME OF THE PERSON GIVING CONSENT

RELATION WITH THE PATIENT

NAME OF THE PATIENT & HOSPITAL / IP NO.

DATE & TIME

NAME OF THE DOCTOR TAKING THE CONSENT

SIGNATURE OF DOCTOR TAKING THE CONSENT

WITNESS NAME

WITNESS SIGNATURE