

Patient declaration form for declined tests or investigations

Patient name:

DOB:

Identifying number:

Test/investigation/procedure offered (including description where needed):

.....
.....

As the obstetrician in charge of the patient's care, I have explained the intended benefits, limitations and potential impact of the investigation(s) offered and the associated outcomes. Of note I have explained:

.....
.....
.....

I have informed the patient that where clinically feasible and appropriate, some tests can be done at a later date in the pregnancy should she change her mind. However, other tests have a limited time window in which they need to be performed, after which the test may no longer be offered.

The test(s) detailed above can be offered in the following time window:

.....

Doctor name:

Doctor signature:

Date:

As the patient being treated, I have been given sufficient information and time to decide that I do not wish to undergo the test/investigation/procedure detailed above. I have asked and had answered any and all questions I had relating to this and understand both the information provided and the implications of the decision I have taken.

Patient name:

Patient signature:

Date: