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# CONSENT FOR CHEMOTHERAPY

PATIENT IDENTIFICATION

PATIENT'S NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

I. I have been informed by Doctor \_\_\_\_\_ that I have  
\_\_\_\_\_, and treatment with chemotherapy has been recommended.

II. This chemotherapy will consist of the following drugs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. The purpose of chemotherapy and the treatment, including the method, dose and duration of administration, side effects, risks and beneficial effects have been explained to me by Doctor \_\_\_\_\_.

V. I hereby consent for Doctor \_\_\_\_\_ and whomever  
he / she may designate to administer chemotherapy.

Interpreter  
Used

\_\_\_\_\_  
SIGNATURE OF PATIENT -or- LEGALLY RESPONSIBLE PERSON

\_\_\_\_\_  
DATE

\_\_\_\_\_  
RELATIONSHIP (IF OTHER THAN PATIENT)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

**PART OF THE MEDICAL RECORD**