

**PATIENT CONSENT FOR INTERNAL EXAMINATION UNDER Anaesthetic by a medical student**

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| *BARKING, HAVERING & REDBRIDGE UNIVERSITY HOSPITALS, NHS TRUST* | *ROYAL FREE LONDON, NHS FOUNDATION TRUST* |
| *BASILDON AND THURROCK UNIVERSITY HOSPITALS, NHS FOUNDATION TRUST* | *UNIVERSITY COLLEGE LONDON HOSPITALS, NHS FOUNDATION TRUST* |
| *EAST & NORTH HERTFORSHIRE, NHS TRUST* | *WEST HERTFORDSHIRE HOSPITALS, NHS TRUST*  |
| *LUTON & DUNSTABLE UNIVERSITY HOSPITAL* | *WHITTINGTON HEALTH, NHS TRUST* |
| *NORTH MIDDLESEX UNIVERSITY HOSPITAL, NHS TRUST* |  |

The hospitals listed at the top of this page are all involved in teaching medical students from University College London Medical School.

Teaching medical students is an important part of the work of these hospitals. As part of their training students observe trained and experienced doctors during operations and the treatment and examination of anaesthetised patients (patients who are asleep).

We would be grateful if you would give your permission for the named medical student below to perform an internal examination under the supervision of a trained doctor while you are anaesthetised in the operating theatre. The student will have taken your medical history and will be known to you.

**Please note that if you decide to refuse permission this will not affect your treatment or care in any way.**

**I agree to an internal examination under anaesthetic by the medical student named below.**

Patient’s signature…………………………………………………………….. Date ……………………………………………………..

Name (PRINT) ……………………………………………………………………………………………………………………………………..

Hospital Number …………………………………………………………….………………………………………………………………….

Student’s signature……………………………………………………………..Date……………………………………………………….

Student’s name (PRINT) ………………………………………………………………………………………………………………………

Consultant’s name (PRINT)………………………………………………………………………………………………………………….

*Updated May 2014 at*