

שם פרטי:	מס' זהות:
תאריך לידה:	שם משפחה:
	שם האב:
	כתובת:
	טלפון:

מדבקת פרטי מטופל

טופס הסכמה : צינתור לב CONSENT FORM: CARDIAC CATHETERIZATION

Cardiac catheterizations are performed to visualize and/or treat the heart's blood vessels and/or the heart itself. The procedure is performed under local anesthesia, and in children under general anesthesia, by introducing catheters through a peripheral artery up to the region of the heart and/or the coronary arteries that supply the heart with nutrients, using the guidance of x-ray imaging and radiographs. Special catheters are used to inject contrast medium or measure pressures.

A therapeutic catheterization includes local repair of the heart or its arteries using a balloon or unique accessories installed on the catheters, including stents. If a problem that can be immediately treated is discovered during a diagnostic catheterization, a therapeutic catheterization is performed in continuation of the diagnostic catheterization. **The patient must inform the attending physician or roentgenologist of any kidney disorder and/or iodine allergy before the procedure is performed.**

Name of Patient: _____

Last Name
First Name
Father's Name
ID No.

I hereby declare and confirm that I have been given a detailed oral explanation by:

Dr. _____

Last Name
First Name

regarding the need for a diagnostic and/or therapeutic cardiac catheterization, including local repair of the heart or treatment of the coronary arteries using a balloon and/or other accessories*. Specify other treatment: _____

(henceforth: "the primary treatment").

I hereby declare and confirm that I have been given an explanation concerning the expected results and possible side effects, including pain and discomfort in the groin where the catheter is inserted, and a sudden sense of heat as a result of the injection of the contrast medium.

In addition, I have been given an explanation concerning the possible complications, including: sudden occlusion or damage to a coronary artery and the development of a myocardial infarction, stroke, damage to blood vessels, hemorrhage and infection. I have also been given an explanation concerning the potential complications of the injection of contrast medium, including various degrees of allergic reactions, damage to kidney function and aggravation of heart disease, and was told that in very rare cases these complications may even end in death.

I have been given an explanation concerning possible treatment alternatives in my circumstances, including the prospects and complications involved in each of these procedures, and the tests and treatments entailed.

I hereby give my consent to perform the primary treatment.

In addition, I hereby declare and confirm that I have been given an explanation and understand the possibility that during the primary treatment, or immediately following it, the need to perform additional or different procedures may arise in order to save my life or prevent physical harm, including additional

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surgical procedures under general anesthesia that cannot be fully or definitely predicted at this time but whose significance has been made clear to me, and including an additional therapeutic catheterization,

bypass surgery or other emergency surgery under general anesthesia. I, therefore, also give my consent to such an extension, modification or performance of different or additional procedures, including additional surgical procedures, which the institution's physicians deem essential or necessary during the primary treatment or immediately following it.

I also give my consent to the use of local anesthesia, after I have been given an explanation concerning the possible risks of local anesthesia, including various degrees of allergic reactions to the anesthetic drug. If the need arises to perform the primary treatment under general anesthesia, I will be given an explanation concerning the anesthesia by an anesthesiologist.

I know and agree that the primary treatment and any other procedure will be performed by any designated physician, according to the institutional procedures and directives, and that there is no guarantee that it will be performed, fully or in part, by a specific person, as long as it is performed in keeping with the institution's standard degree of responsibility and in accordance with the law.

Date	Time	Patient Signature
Name of Guardian (Relationship)	Guardian Signature (for incompetent, minor or mentally ill patients)	

I hereby confirm that I have given the patient / the patient's guardian* a detailed oral explanation of all the above-mentioned facts and considerations as required and that he/she has signed the consent form in my presence after I was convinced that he/she fully understood my explanations.

Name of Physician	Physician Signature	License No.
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* Cross out irrelevant option.