



Indian Society for
Study of Pain

ISSP UNIFORM
CONSENT FORM
FOR
INTERVENTIONAL
PAIN PROCEDURES

Document No :
ISSP/Consent/2018

Applicable: All over India

INFORMED CONSENT FOR PAIN INTERVENTIONS

NAME OF PATIENT: _____ DATE: _____

TO THE PATIENT: As a patient, you have the right to be informed about your condition and the recommended diagnostic or therapeutic interventional procedure under real time image guidance or drug therapy to be used, so that you may make the informed decision whether or not to ACCEPT THE INTERVENTION OR TO TAKE THE DRUG after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you, but rather it is an effort to make you better informed so that you may give or withhold your consent/permission.

You have a pain problem, which has not been relieved by conservative treatments. An interventional procedure is now indicated for further diagnosis and/or treatment of your pain. There is no guarantee that a procedure will cure your pain, and in rare cases, it could become worse, even when the procedure is performed in technically a perfect manner. The degree and duration of pain relief varies from person to person, so after your procedure, we will reevaluate your progress, and then determine if further treatment is necessary.

I. Nature of the illness

- a. _____
- b. _____
- c. _____

II. Nature of the proposed treatment/s or procedure/s

- a. _____
- b. _____

III. Alternative procedure/sor treatment/s

- a. _____
- b. _____

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IV. Risks involved with Interventional procedures include infection, bleeding, allergic reaction, increased pain; nerve damage, numbness, weakness, paralysis or death. Specific risks pertaining to the proposed intervention are:

- a. _____
- b. _____
- c. _____

V. Benefits involved in both the proposed procedure

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

VI. Potential risks of not receiving the treatment:

- a. _____
- b. _____

VII. Relative chances of success or failure of procedure/s:

- a. _____
- b. _____

CONSENT TO TREATMENT AND/OR DRUG THERAPY:

I hereby authorize and give my voluntary consent for my physician to perform the proposed intervention and/or to administer or write prescription(s) for controlled drugs (medications) as an element in the treatment of my pain, which may include steroids and /or opioids/narcotic drugs. These medications, like other medicines used in medical practice, may produce side effects or adverse reactions. This also includes the use of medications for purpose different than what have been approved by Drug Company but the research and evidence has shown beneficial effects. This is referred to as "off-label" use.

I understand that no warranty or guarantee has been made to me as to the results of any medications or interventional procedure to cure my condition.

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Pre Procedure Check List

Y	N	Is this your first intervention for this problem?	If NO, how many have you had in the last 12 months? _____
Y	N	Are you diabetic?	If YES, is your blood sugar currently well controlled? Y / N
Y	N	Do you take insulin?	Please list your diabetic medications (not doses): _____
Y	N	Are you taking any blood thinning medications: Clopidogrel/Warfarin, etc? If YES, what date did you last take the medication? _____	Please name all the medicines (not doses) you are currently taking: _____ _____
Y	N	Are you suffering from any kidney/ heart or Liver problems? _____	
Y	N	Do you currently have any active infection or fever? If YES, what? _____	
Y	N	Are you allergic to IV contrast or any other drugs? If YES, what? _____	
Y	N	Female Patients: Is there any chance you could be pregnant? IF YES, Please notify prior to the procedure.	

Patient Signature (Guardian signature, if patient is minor)

Witness 1

Witness 2

Physician Signature

INFORMED CONSENT FOR PAIN INTERVENTIONS

Special interest group (SIG) has been formed by ISSP and the committee comprises of

- a) Chairman: Dr. Pankaj N Surange
- b) Vice Chair: Dr. Rajeev Harshe
- c) Members:
 - a. Dr. AnuragAgarwal
 - b. Dr. GauravGoyal
 - c. Dr. Pavan Kumar Bichal
 - d. Dr. Manish Raj
 - e. Dr. Nazir Ahmad
 - f. Dr. Sweta Salgaonkar
 - g. Dr. RohitLahori
 - h. Dr. AshishChakrborty

