Organisation name Site or unit		FORM Procedure consent and reconsideration record	
Document ID	PRO-FRM-003	**Version**	1.0
Status	Blank form, to adapt	**Issue date**	
Review date		**Replaces**	
Owner		**Approved by**	
Signature			

Form · PRO-FRM-003 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 11.4

1. Purpose

Records the information given for a procedure, the risks and complications covered, and the time given to reconsider.

2. How to complete

- Give the information before the procedure.
- Record the time given to reconsider for elective procedures.
- Record the questions asked and the answers.

3. Checks

Check	Entry
Expected outcome explained realistically	Yes
Risks and complications explained, with their treatment	Yes
Alternatives explained	Yes
Reconsideration time given (date and time) for elective procedures	Yes or N/A
Questions and answers	Yes

Signed by patient and practitioner, date	Yes

4. Evidence

Reference	Note
E-009	Based on the ASF Expert Committee consensus and the WHO Guidelines for Safe Surgical Care and Safe Procedures (2009).
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

5. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

6. References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)

- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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