NHS Humber Health Partnership

**UPPER GI ENDOSCOPY**

**INFORMATION CHECKLIST**

This leaflet contains important information about **upper GI endoscopy**.

It provides information to enable you to make decisions about whether you are in agreement with the planned examination. **It is extremely important that you read this leaflet.**

In particular it provides information about the purpose and intended benefits, side effects, and risks of **upper GI endoscopy.** It also explains consent to undergo the procedure and where further information can be found and from whom.

Sources of further information and contacts are given at the end of this leaflet.

**THIS WILL FORM PART OF THE CONSENT FOR YOUR PROCEDURE**

**PLEASE COMPLETE AND SIGN THE CHECKLIST BELOW:**

I have read the Upper GI endoscopy leaflet. Yes No

I understand the information it contains. Yes No

I understand why I am having my endoscopy, and

intended benefits and alternative tests. . Yes No

I accept that there are potential risks of bleeding and

Perforation (puncture, tear, hole) of the upper GI tract

 and I have been given every opportunity

to discuss this with my consultant and/or the person

performing the endoscopy– the endoscopist. Yes No

I understand and accept that biopsies (samples of tissue)

may be taken. Yes No

I feel I have had the opportunity to seek further

information, ask questions and have received information

and answers to my satisfaction. Yes No

Patient Name ……………………………………………………………………………..

Signature ………………………………………………………………………………….

Date ………………………………………………………………………………………..

**ANY QUESTIONS YOU MAY HAVE:**