Sri Sathya Sai Palliative Care Center - Puttaparthi

**Consent for Ascitic tapping**

Date: \_\_\_\_\_\_\_\_\_\_\_

Name: Age: ID:

Diagnosis:

I,\_\_\_\_\_\_\_\_\_\_\_\_

consent to ascitic tapping treatment offered by Sathya Sai Palliative Care Centre, Puttaparthi as part of the palliative care treatment of my disease.

The doctor/palliative care staff explained to me the benefits and risks of ascitic tapping treatment and these have been understood by me.

I was explained about my treatment options for my condition.I understand that I have the right to refuse, or withdraw, this treatment at any time.

Patient/Caregiver Signature: Staff Signature:

Additional information:

* Ascitic tapping is a procedure to remove accumulated fluid from the abdomen
* Ascitic tapping is a safe procedure, but there may be some side effects or complications