

Sri Sathya Sai Palliative Care Center - Puttaparthi
Consent for Foley Catheter insertion

Name/Age:

ID:

Diagnosis:

I, _____ give my consent to have a Foley Catheter provided by Sathya Sai Palliative Care Centre, Puttaparthi as part of my treatment..

I understood the risks and benefits of Foley Catheter insertion explained to me by the doctor and palliative care staff. I was explained about the treatment options for my condition.

I understand that I have the right to refuse, or withdraw, this treatment at any time.

Patient Signature:

Staff Signature:

Signature of Witness: