

Blood Transfusion Consent Form

(For Elderly Patients)

Patient Information

Patient Name:	<input type="text"/>
Date of Birth:	<input type="text"/>
Medical Record Number:	<input type="text"/>

Purpose of Blood Transfusion

A blood transfusion is a medical procedure to provide blood products (such as red cells, plasma, or platelets) that may be necessary for your treatment. The need for transfusion may be due to blood loss, anemia, or other medical conditions.

Risks and Benefits

- **Benefits:** Improved oxygen delivery, stabilization of medical condition, and support in recovery.
- **Risks:** Allergic reactions, fever, infection transmission (extremely rare), confusion, or heart strain (especially relevant for elderly patients).

All donated blood is carefully screened and matched to reduce risks. Your healthcare provider will monitor you closely during and after the transfusion.

Alternative Treatments

Possible alternatives to blood transfusion include medications, iron supplements, and other therapies. These options may be limited based on your medical condition. Please discuss any concerns with your healthcare provider.

Consent and Acknowledgment

1. I have received information about the blood transfusion procedure, its purpose, risks, benefits, and alternatives as they apply to me as an elderly patient.
2. I have had the opportunity to ask questions, and my questions have been answered to my satisfaction.
3. I understand that I may withdraw my consent at any time before the procedure.
4. I consent to receive blood and/or blood components as recommended by my healthcare provider.

Patient/Representative Name:	<input type="text"/>
Relationship to Patient:	<input type="text"/>
Date:	<input type="text"/>
Signature:	<hr/>

Witness Name (Healthcare Provider):	<input type="text"/>
Date:	<input type="text"/>
Signature:	<hr/>

This document is for informational purposes and should be reviewed and adapted by authorized healthcare personnel before use.