

Consent form for peridural anaesthesia

Name:

Age:

Height:

Weight:

Allergies:

Medications you take daily:

Any peculiarities in your spine:

Abnormalities in blood clotting:

Important: If you are aware of clotting problems, please bring a current laboratory result (not older than 3 weeks) with you to the birth!

I hereby declare that I have seen and understood the information video on epidural anaesthesia at St. Josef Hospital Vienna (please tick as appropriate):

YES

NO

I have no more questions in this regard and agree to an epidural for pain relief if necessary:

YES

NO

I still have unanswered questions:

YES

NO

Please send us your questions in good time to anaesthesie@sjk-wien.at so that we can clarify them before the birth of your child.

Date

Signature

Please be sure to bring this completed form with you to the birth!