

Consent Form for Epilepsy Monitoring Procedure

Date: _____

Patient Name: _____

Date of Birth: _____

Address: _____

Contact Number: _____

Procedure Description

I, the undersigned, consent to undergo the epilepsy monitoring procedure as advised by my healthcare provider. This procedure involves the continuous recording of brain activity to diagnose and manage my epilepsy effectively.

Risks and Benefits

I understand that the procedure has potential risks, which may include, but are not limited to, discomfort, anxiety, and potential complications associated with the monitoring equipment. However, I recognize that the benefits of accurate diagnosis and effective treatment plan for my epilepsy outweigh these risks.

Confidentiality

All information gathered during this procedure will be kept confidential and will only be shared with the medical team involved in my care.

Consent

By signing this form, I confirm that I have read and understood the information provided to me about the epilepsy monitoring procedure, its risks, and its benefits.

Patient Signature: _____

Date: _____

Witness Signature: _____

Date: _____