

## Consent form for peridural anaesthesia

**Name:**

**Age:**

**Size:**

**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](mailto: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!**