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PATIENT INFORMED CONSENT
FOR CONSULTATION AND EXAMINATIONS

Patient
First name, surname: _____

Personal identity number

_____

Contact details
Telephone: _____

Representative (if applicable)
First name, surname, personal identity number:

_____

I confirm that **I voluntarily consent to a consultation with a doctor/healthcare professional and to examination of the patient during the consultation or the performance of diagnostic examinations** (including electromyography, neurography, ultrasonography, echocardiography, ECG, neurometry, KAT (cardiovascular testing), polygraphy, Holter monitoring, audiometry, tympanometry, vHIT, and a pacemaker check).

I agree that, during the consultation, the healthcare professional, after assessing my health condition, complaints and medical information, may perform **a physical examination of the patient and other medically justified diagnostic procedures necessary for the consultation**, provided that they do not require separate specific consent.

I understand that the healthcare professional determines the specific scope of examinations during the consultation according to medical indications.

Specific examinations are performed after the patient has been informed about the relevant examination and has given consent. This general consent does not replace the provision of information about the specific examination.

I have the right to ask questions about the planned examination and to receive information that I can understand.

I consent to examinations and ongoing monitoring, including possible follow-up consultations within the episode of treatment, if they are medically necessary.

By signing, I confirm that I voluntarily give my consent to examination of the patient during the consultation.

Date: _____

Time of signing: _____

Patient signature: _____