



CONSENT FORM

1. Highbury Surgical Recovery Registered Nurses will provide the following services a minimum of every 4 hours:
 - Administer prescribed medications as required.
 - Assess dressings, wounds and drains.
 - Monitor vital signs, including blood pressure, oxygen saturation, heart rate, and temperature.

2. The following services will be provided as needed:
 - Consult with surgeon as needed about any concerns or issues.
 - Teaching of post-operative information including activity, pain control, diet, prevention of complications, care of incisions and drains.
 - Assist with personal care and hygiene including getting up and walking, going to the washroom, leg exercises, and deep breathing and coughing.

3. All services to be provided by Highbury Surgical Recovery are subject to post-operative directions and recommendations provided by surgeon and/or hospital/surgery centre and are subject to all policies and procedures of Highbury Surgical Recovery, including the right of Highbury Surgical Recovery to withdraw its services in the event of concerns regarding health or safety of the patient or attending medical staff.

4. I understand that extension of the engagement of Highbury Surgical Recovery is subject to availability and will involve extra charges.

5. I must inform Highbury Surgical Recovery in advance if I would like to have a family member or friend stay with me in the hotel. All hotel arrangements are my responsibility.

6. I acknowledge that Highbury Surgical Recovery is an independent post-operative recovery nursing service and is not affiliated or associated with the surgeon or hospital/surgery centre.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND CONSENT TO THE SERVICES TO BE PROVIDED BY HIGHBURY SURGICAL RECOVERY INC. I INTEND THIS CONSENT FORM TO COVER THE ENTIRE COURSE OF MY CARE WITH HIGHBURY SURGICAL RECOVERY.

Signed: _____ Printed Name: _____

Witness: _____ Date: _____