



Affix Patient Label	
Patient Name:	Date of Birth:

Chemotherapy and/or Biotherapy Consent

This information is to help you make an informed decision about having anti-cancer drugs (Chemotherapy and/or Biotherapy) to treat your _____ cancer.

The medicine(s) prescribed for you is/are: _____.

Medicine Information Teaching Sheet(s) with possible side effects have been provided.

Reason and Purpose of the Chemotherapy Medicine:

Chemotherapy is a medicine that is given to help destroy cancer cells. It can be given either by shot, into the vein, into the bladder, into the spinal fluid, or by mouth in a pill form.

Biotherapy is a type of anti-cancer medicine that increases the body’s immune system to fight cancer.

Benefits of this treatment plan:

You may or may not receive the following benefits.

- A decrease in the size of the cancer cells.
- Symptoms may improve.

I understand the medicines are designed to decrease the size of my cancer or slow the growth of cancer. My doctor has explained the goal of this treatment plan as:

Curative **Palliative** (extending survival or decreasing symptoms of cancer)

If curative is checked, I understand the treatment is to try for a “cure” or clinical remission (that is labs and x-rays with no sign of cancer) and not a promise that I will be cured.

If “Palliative” is checked, I understand the that the goal of treatment is to shrink or decrease the size of the cancer in hope to keep my disease under control and allow for a longer life span or to minimize symptoms of my cancer. I also understand that I will live the rest of my life with cancer.

Risk of Medications:

- No procedure or medicine is completely risk free.
- Some side effects or risks are well known.
- There may be risks that my doctor cannot expect and are not listed but may happen.
- My doctor has explained short and long-term side effects.
- Each person can respond differently to these drugs.

Risks specific to you:

Alternative Treatments:

- Other anti-cancer medicines.
- Radiation therapy.
- Supportive follow up with symptom management.

If you choose not to have this treatment:

- Symptoms or cancer prognosis may worsen.
- Death may happen.



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By signing this form I agree:

- I have read this form or had it explained to me in words I can understand.
- I understand its contents.
- I have had time to speak with the doctor. My questions have been answered.
- I want to have: Chemotherapy Biotherapy

Patient Signature: _____ Date: _____ Time: _____

Relationship: Patient Closest relative (relationship) _____ Guardian/POA Healthcare

Interpreter’s Statement: I have interpreted the doctor’s explanation of the consent form to the patient, a parent, closest relative or legal guardian.

Interpreter’s Signature: _____ ID #: _____ Date: _____ Time: _____

For Provider Use ONLY:

I have explained the nature, purpose, risks, benefits, possible consequences of non-treatment, alternative options, and possibility of complications and side effects of the intended intervention, I have answered questions, and patient has agreed to procedure.

Provider signature: _____ Date: _____ Time: _____

Teach Back:

Patient shows understanding by stating in his or her own words:

- _____ Reason(s) for the treatment/procedure: _____
- _____ Area(s) of the body that will be affected: _____
- _____ Benefit(s) of the procedure: _____
- _____ Risk(s) of the procedure: _____
- _____ Alternative(s) to the procedure: _____

OR

_____ Patient elects not to proceed: _____ Date: _____ Time: _____
(Patient signature)

Validated/Witness: _____ Date: _____ Time: _____