

Voluntary informed consent

I,

_____ (patients full name and surname or full name and surname of a legal representative)
« ____ » _____ D.O.B, registered at the following address:
_____ (patients or legal representatives D.O.B)

_____ (patients or legal representatives address or registration)
(this section must be filled out only if you are currently not living at the place of registration)

in respect of _____
(patients full name and surname, this section must be filled in case the exiting agreement is signed
by patients legal representative)

« ____ » _____ D.O.B, residing at the following address:
(Patients D.O.B, this filed must be filled in case the exiting agreement is signed by patients legal representative)

_____ (this section must be filled out only if the legal representative is currently not living at the place of registration)

I hereby give my full informed voluntary consent to the types of medical interventions included in the List of certain types of medical interventions for which general public gives informed voluntary consent to when choosing a doctor and a medical organisation in order to receive primary health care, approved by the order of the Ministry of Health and Social Development of the Russian Federation from April 23 2012 No. 390n "On approval of the List of certain types of medical interventions to which general public gives informed voluntary consent when choosing a doctor and medical organization to receive primary health care" (hereinafter referred to as the types of medical interventions included in the said List), to receive primary health care / receiving primary health care by the person whose legal representative I am (cross out what is not required)

_____ **LLC «GVM INTERNATIONAL»**

_____ (full corporate name of the medical organisation)

Medical staff _____

_____ (personnel position, full name and surname)

in simple and clear form, I have been made aware of the purpose, methods of providing medical care, the risks associated with them, possible options for medical interventions, their consequences, including the likelihood of complications, as well as the expected results of medical care.

I was also made aware of the fact that I have the right to refuse one or more types of medical interventions included in the List, or demand its (their) termination, except the cases covered by the Part 9 of Article 20 of the Federal Law from November 21, 2011 No. 323-FZ " On the fundamentals of protecting the health of citizens within the Russian Federation".

Information about the person(s) chosen by me, to whom, in accordance with paragraph 5 of part 5 of article 19 of the Federal Law from November 21, 2011 No. 323-FZ "On the basics of protecting the health of citizens in Russian Federation", may be transferred information about the state of my health or the state of the person whose I legally represent (cross out the unnecessary), including after death:

_____ (persons full name and surname, contact number)

_____ (persons full name and surname, contact number)

(signature) (patients full name and surname or full name and surname of a legal representative contact number)

(signature) (medical staffs full name and surname)

« ___ » ____ . 20 ____ .

List

of certain types of medical interventions to which patients gives an informed voluntary consent for, when choosing a doctor and a medical organisation for receiving primary health care

1. Consultation, including identification of health complaints and collection of medical history.
2. Examination, including palpation, percussion, auscultation, rhinoscopy, pharyngoscopy, indirect laryngoscopy, vaginal examination (for women), rectal examination.
3. Anthropometric studies.
4. Thermometry.
5. Tonometry.
6. Non-invasive studies of the vision organs and visual functions.
7. Non-invasive examination of the hearing organs and auditory functions.
8. Study of the nervous systems functions (sensory and locomotion spheres).
9. Laboratory methods of examination, including clinical, biochemical, bacteriological, virological, immunological types of analysis.
10. Functional examination methods, including electrocardiography (ECG), 24-hour blood pressure (BP) monitoring, 24-hour electrocardiogram monitoring, spirometry (PFTs), pneumotachometry (PNT), peak flowmetry (PEF), rheoencephalography (REG), electroencephalography (EEG), cardiotocography (CTG) (for pregnant women).
11. X-ray methods of examination, including fluorography (for patients over 15 years of age) and radiography, ultrasound, Doppler studies.
12. Administration of medication as prescribed by a doctor, including intramuscularly, intravenously, subcutaneously, intradermally.
13. Medical massage.
14. Medical exercise.