

CONSUMER ADVISORY BOARD

WILLOWBROOK CLASS

1050 FOREST HILL ROAD

STATEN ISLAND, NY 10314

(718) 477-8800 Fax (646) 766-3488

CAB Informed Consent Submission Checklist (*Revised 11/02/2016*)

Class Member Name: _____

Procedure Requested:

Local CAB Representative: _____

Check the following information that is included in and applies to your request for informed consent:

- Medical or Dental Consent Overview, including as applicable:
 - Primary health services contact, including telephone and fax number
 - Secondary contact, including title, telephone and fax number
 - Description of procedure, including risk/benefit and alternative treatment information
 - If sedation and/or anesthesia will be required, include an explanation and risk/benefit information
 - All related consultation reports, i.e., medical, dental, including 2nd opinions where applicable
 - Significant medical history, including any previous major professional medical treatment
 - Most recent annual medical assessment and laboratory reports
 - List of current medication, including name and dosage
 - Any known medication or food allergies
- Documentation that the person is unable to give consent on his or her own behalf
- Documentation that the person is fully represented by the CAB
- Consent forms requested by provider
- Weight chart for a 12 month period
- EKG report, where applicable

Remember: If an expedited review (within 8 business days after CAB receipt) is requested, the circumstances must be explained in the Medical or Dental Consent Overview form.

Submitted by Name/Date/Phone: _____

Reviewed by Name/Date/Phone: _____

Disposition of Request:

1. DDSO Use Only:
Fax Checklist Received
Date ____ Initials ____

2. CAB Use Only:
Packet Received
Date ____ Initials ____

3. DDSO Use Only:
Consent Confirmed
Date ____ Initials ____