

# 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 2<sup>nd</sup> 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 ____
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2. CAB Use Only: Packet Received Date ____ Initials ____
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3. DDSO Use Only: Consent Confirmed Date ____ Initials ____
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