This form is intended as a sample. It does not constitute the standard of care nor does it provide legal advice. It contains the information OMIC recommends the ophthalmologist personally discuss with the patient.

**How to use this sample**

* Please modify it to fit your actual practice.
* **Remove this instruction box.**
* Add your letterhead to the first page of the consent form.
* Change font size if necessary.

**After the patient signs the form**

* Give the patient a copy of the signed form.
* Send a copy to the hospital or surgery center as verification that you have obtained informed consent.
* Keep the original in the patient’s medical record.

**Version** 7/20/22

 **[Your Letterhead]**

**Giant Cell Arteritis**

**Patient Information**

**Giant Cell Arteritis (also called Temporal Arteritis)**

Giant cell arteritis (GCA) is inflammation of the arteries in your head, but you may feel it mostly in your temples (so it is sometimes called “temporal arteritis”). The most common symptoms are headache, tenderness in the temples or forehead, and generally feeling unwell. However, the symptoms can vary widely and some patients may have almost no symptoms at all. The headache pain may progressively worsen and then temporarily get better. Other symptoms that may occur include pain in your jaw muscles when you chew or vision loss.

If untreated, GCA can lead to **irreversible blindness in both eyes**.

Prompt treatment with medication can relieve the symptoms of giant cell arteritis and may prevent loss of vision. However, even with treatment, relapses are common and the symptoms may return. You'll need to visit your doctor regularly for checkups and management of any side effects from taking medications to treat GCA.

**Signs and symptoms of giant cell arteritis may include:**

* Persistent head pain, usually in your temple area
* Scalp tenderness, and possibly pain when combing or brushing your hair
* Jaw pain when you chew or open your mouth wide
* Fever
* Fatigue
* Unintended weight loss
* Vision loss or double vision

Pain and stiffness in the neck, shoulders, or hips are common symptoms of a related disorder, **polymyalgia rheumatica**, which can accompany giant cell arteritis.

If you develop a new, persistent headache or any of the signs and symptoms listed above (especially vision loss), see your doctor **immediately**. If you're diagnosed with giant cell arteritis, starting treatment as soon as possible can help prevent vision loss (even blindness).

**Testing**

Your doctor will want to order some blood tests to help determine if you have giant cell arteritis. Typically, these tests will include:

* ESR (erythrocyte sedimentation rate)
* CRP (C-reactive protein)
* CBC (complete blood count)
* Temporal artery biopsy – your doctor may need to take a small biopsy of one of the arteries in your scalp. This is a relatively simple procedure that can sometimes be done in the office.

**Treatment**

If your doctor suspects that you may have GCA, you will need treatment. Treatment usually starts with oral or IV steroids, such as prednisone, but may include other drugs as well. Your doctor may also ask for other doctors, such as a rheumatologist, to assist in your care.

**Things to Remember**

* Women get GCA more commonly than men.
* Patients with GCA are usually over the age of 50.
* GCA occurs more commonly in Caucasians than in other racial groups.
* Up to 20% of patients with GCA will have few or even no symptoms before vision loss occurs.
* If untreated, 50% of patients with GCA will go blind in both eyes.

**Medications**

Make sure you stay on the medicines that you have been prescribed for GCA. If you are having any problems with the medication, inform your doctor before you stop or change the medication. Your vision may depend on it.

Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ can be reached at xxx-xxx-xxxx.

The following section is intended to document the patient’s understanding of GCA **in general,** and the patient’s consent or refusal to proceed with treatment **in general**.

**The particular treatment that the ophthalmologist recommends, with its specific risks, benefits, and alternatives, should be discussed and documented separately.**

Please remove this instruction box before finalizing your form.

**Patient Understanding of GCA Risks and Acceptance/Refusal of Treatment**

\_\_I have read the information about giant cell arteritis (GCA) and discussed it with Dr. \_\_\_\_\_\_\_.

\_\_ I understand that it is impossible for Dr. \_\_\_\_\_\_ to inform me of every possible complication that may occur with GCA.

\_\_ Dr. \_\_\_\_\_\_ has told me that results of treatment for GCA cannot be guaranteed and that even with treatment, I may lose vision.

\_\_ Dr. \_\_\_\_\_\_\_ has answered all my questions and has encouraged me to ask more questions as they arise.

\_\_ I understand the risks and benefits of, and alternatives to, GCA treatment, and accept those risks.

\_\_ I understand the costs associated with this treatment.

\_\_ **I want to proceed with treatment.**

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Patient Signature (or person authorized to sign for patient) Date

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Printed Name

\_\_ **I refuse to proceed with GCA treatment.**

\_\_ I understand that **if GCA is left untreated, it can lead to irreversible blindness in both eyes**.

My reason for refusing this treatment is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_ I do not wish to state a reason for refusing this treatment.

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Patient Signature (or person authorized to sign for patient) Date

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Printed Name