

CONSENT FORM FOR MEDICAL CARE

SAMPLE CONSENT FOR MEDICAL CARE

I acknowledge that Dr. _____ has explained to me that (I am) (I may be) suffering from _____ and has recommended the following medical care: _____

*I acknowledge that the following information has been provided to me:

Purpose of the care: _____

Alternative forms of care: _____

Risks of the recommended care: _____

Risks of the alternative care: _____

Risks of not undergoing care: _____

Further, I acknowledge that I have had full opportunity to discuss this information with Dr. _____ and hereby consent to the following medical care: _____

Patient or patient's authorized representative

Witness

Date

*An abbreviated form may be created by substituting the following for paragraph 2: "I further acknowledge that the purpose of the care, reasonable alternative forms of therapy, risks of the recommended and alternative care, and the risks of foregoing this care have been explained to me."