

CONSENT TO TREATMENT FORM

Clients and Families

If you want help reading this form, or have questions, please ask your doctor or nurse. When we use the word "treatment" on this form we are referring to procedure, or a course or plan of treatment.

Name of the client *(please print)* _____

Treatment: _____

I agree to the treatment that has been discussed with me by my physician or health care provider.

I agree that _____ and I have talked about why this treatment is necessary and what will happen during the treatment. He / she has explained the chances of the treatment not working and the medical problems that might happen with the treatment. I also agree to other treatments that may be needed while the doctor or health care practitioner is doing this treatment. I understand that my doctor or health care practitioner may ask other doctors, residents, fellows or health care practitioners to do all or part of this treatment. I understand the information on this form and have had the opportunity to ask the doctor or health care provider questions about the treatment.

Signature of client or substitute decision maker

Date & time

Name of substitute decision maker (if signature above)

Relationship to the client

PHYSICIAN'S OR HEALTH CARE PRACTITIONER'S STATEMENT

I certify that I have explained the nature of this treatment, its associated risks and benefits and the possible alternatives, including the likely consequences of not having the treatment, to the client or substitute decision- maker, or both.

Signature of physician or health care provider

Date & time

Name of physician or health care provider (please print)

Signature of witness

TELEPHONE CONSENT

I have discussed the treatments and associated benefits and risks on the telephone with the
(check one) **Client** **Substitute Decision-Maker**

who has given oral authorization for the treatment

Signature of physician or health care provider

Date & time

Name of physician or health care provider

Signature of person who witnessed the conversation

Date & time

