



Medical Consent Form

Patient Identifier (If Known):

Patient Information		
First Name	Last Name	Date of Birth
<input type="checkbox"/> An interpreter was required	Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other _____	
Referring Physician		
Your doctor, _____ has recommended the following treatment/procedure: _____ _____ _____		
I understand the following condition is indicated in my case: _____ _____ _____		
The following risks/complications have been discussed with me: _____ _____ _____		
The above risks/ complications were discussed with me by _____.		
Clinician Name	Clinician Designation	Clinician Signature 
Authorization and Consent		
<p>I acknowledge that:</p> <ol style="list-style-type: none">1. The doctor has explained my treatment options as well as the risks of not having the procedure.2. The doctor has explained any significant risks/problems associated with this procedure and specific to me, as well as the likely outcomes if complications arise.3. I have had the opportunity to ask any questions about the procedure/treatment named above, alternative options, possible outcomes, and risks and hazards involved with the proceeding and I believe I have the information I need to give informed consent.4. No guarantee has been made to me as to the outcome of this procedure, and it is possible that the proceeding may not work or may worsen the condition should complications arise.5. Healthcare students may be involved in my care under appropriate supervision.6. I have the right to have a chaperone present when I am with my provider.7. In an emergency, my medical team will decide if other procedures are needed to save my life or prevent harm8. I authorize consent to the disposal of tissue necessarily removed as part of the procedure for diagnostic purposes.9. I have considered and understood all of the procedural risks, benefits, and alternatives, and I consent to have this procedure.		
Patient/Legal Guardian/Attorney Signature 	Interpreter Signature (If required)	Date