



General Consent for Care and Treatment

TO THE PATIENT:

You have the right, as a patient, to be informed about your condition and the recommended surgical, medical, or diagnostic procedures so that you may make an informed decision about your care. At this point in your care, no specific treatment plan has been recommended. This consent form is to obtain your permission to perform the evaluation necessary to identify appropriate treatment and/or procedures for any identified condition(s).

This consent authorizes our clinic to perform reasonable and necessary medical examinations, testing, and treatment. By signing below, you acknowledge that:

1. You intend for this consent to be continuing in nature, even after a specific diagnosis has been made and treatment recommended.
2. You consent to receive care at this office or any satellite office under common ownership.
3. This consent remains effective unless and until you revoke it in writing.
4. You have the right to discontinue services at any time.

You also have the right to discuss the proposed treatment plan, including its purpose, potential risks, and benefits, with your physician or provider. If you have any concerns, you are encouraged to ask questions.

I voluntarily request that a physician and/or mid-level provider (Nurse Practitioner, Physician Assistant, or Clinical Nurse Specialist), and other healthcare providers or their designees as necessary, perform reasonable and necessary medical examinations, testing, and treatment for the condition that brought me to seek care at this clinic.

I understand that if additional testing or invasive/interventional procedures are recommended, I will be provided with further information and asked to sign additional consent forms before such tests or procedures are performed.

I certify that I have read, understand, and voluntarily consent to the statements above.

Signature of Patient or Personal Representative

Date:

Printed Name of Patient or Personal Representative

Relationship to Patient

Printed Name of Witness

Employee Job Title

Signature of Witness

Date: