



Imperial Health

The Science of Health. The Art of Caring.

GENERAL CONSENT FOR CARE AND TREATMENT

TO THE PATIENT: You have the right, as a patient, to be informed about your medical condition and the recommended medical, diagnostic or surgical procedure to be used so that you may make the decision whether or not to undergo any suggested treatment or procedure after knowing the risks and hazards involved. At this point in your care, no specific care or treatment plan has been recommended. **This consent form simply obtains your permission to perform the evaluation necessary to identify the appropriate care and treatment for any identified condition(s).**

This consent provides us with your permission to perform reasonable and necessary medical examinations, testing and treatment. You have the right at any time to discontinue services.

You have the right to discuss the treatment plan with your physician about the purpose, potential risks and benefits of any test(s) ordered for you. If you have any concerns regarding any treatment, test or medication ordered for you, we encourage you to ask questions.

By signing below, you are agreeing that you voluntarily request a physician (Medical Doctor) and/or mid-level provider (Nurse Practitioner, Physician Assistant, Registered Dietician or Clinical Nurse Specialist) or other health care providers or designees as deemed necessary, to perform reasonable and necessary medical examination, testing and treatment for the condition which has brought me to seek care with this Imperial Health practice or facility. **I understand that if additional testing, invasive or interventional procedures are recommended, I will be asked to read and sign additional consent forms prior to the test(s) and or procedure(s).**

I certify that I have read and fully understand the above statements and consent fully and voluntarily to its contents.

Patient Name: _____

Patient Signature: _____

Date: _____

****This document will need to be scanned and indexed into the Patient's Medical Record. ****