Consent for Medical Treatment

Patient name: _____Date of birth: _____

Washington State law guarantees that you have both the right and obligation to make decisions concerning your healthcare. Your medical provider can give you the necessary information and advice, but as a member of the health care team, you are part of the decision making process. Washington state law requires that you be informed about the treatment, alternatives, benefits, and the potential risks and complications. This form has been designed to acknowledge your informed consent and acceptance of treatment from your medical provider.

I request and authorize my medical provider, _____to perform the following treatment:

_____

Alternatives to the recommended treatment include:

No treatment_____

The possible benefits of proceeding with the recommended treatment include:

Improved healing._____

The potential risks and complications of the recommended treatment could include but are not limited to:

Pain, bleeding, infection, scarring_____

These potential risks and complications could result in additional medical treatment or procedures, hospitalization, blood transfusions, or very rarely permanent disability or death. Although these potential risks and complications might occur only very rarely, they do sometimes occur and cannot be predicted or prevented by the medical provider. Although most treatment has good results, I acknowledge that no guarantee has been made to me about the results of this treatment.

I certify that I have read or had read to me the contents of this form. I have read or had read to me and will follow any patient instructions related to this treatment. I understand the potential benefits, risks and complications involved with any medical or surgical treatment or procedure and give my consent to treatment after considering the possibility of both known and unknown risks, complications, side effects, and alternatives to the treatment. I declare that I have had the opportunity to ask questions, and all of my questions have been answered to my satisfaction.

_____ _____

Patient signature Date