P3 Health Partners Medical Group

People. Passion. Purpose.

General Consent for Care and Treatment

Patient Name: _____ DOB: _____

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

The purpose of this consent is to obtain your permission to perform reasonable and necessary medical examinations, testing and treatment. I acknowledge and agree that this consent will be applicable to all visits or episodes of evaluation and treatment at P3 Health Partners Medical Group. This consent will remain fully effective until it is revoked in writing.

I agree to provide accurate and complete information about my health history, condition(s) and presenting complaint, to agree upon a treatment plan and follow that plan.

I understand that I have the right to discuss all treatment plans with my provider, including the purpose, potential risks and benefits of any test(s) ordered, recommended procedures and treatment plan(s). I also have the right to ask questions if I do not understand.

I understand that the practice of medicine is not an exact science and acknowledge that no guarantees have been made to me regarding the likelihood of success or outcomes of any examination, treatment, diagnosis or test performed at or by P3 Health Partners Medical Group.

I certify that I have read and fully understand the above statements and consent fully and voluntarily to care and treatment provided by P3 Health Partners Medical Group.

Patient Signature: _____ Date: _____

Personal Representative: _____ Relationship: _____

Staff Signature: _____ Date: _____