CORNERSTONE FAMILY HEALTHCARE

845-563-8000 • www.cornerstonefamilyhealthcare.org

GENERAL MEDICAL & DENTAL CONSENT FOR TREATMENT

Patient Name: _____ Date of Birth: ___/___/___ Patient ID#_____

1. I am asking for medical care and treatment at Cornerstone Family Healthcare and agree to accept services which may diagnose a medical condition, procedures to treat my condition and routine dental and medical care. I understand that these services will be provided to me by physician, dentist, nurse practitioner, midwives, physician assistant and other health care providers, some of whom may be in training. I have not been given any guarantees as to the results of the services I will receive.

2. I understand that my agreement to accept these services will remain in effect unless I say that I no longer want these services or until my treatment is completed.

3. I understand that my agreement to accept these services is called a General Consent and that it includes any routine procedures(s) or treatment(s) such as blood drawing, physical examination, administration of medication(s), taking x-rays, use of local anesthesia and other non-invasive procedures.

_____ _____

Signature of Patient or Parent/Legal Guardian of Minor Patient **Date**

If the patient cannot consent for him/herself, the signature of either the health care agent or legal guardian who is acting on behalf of the patient, or the patients next of kin who is agreeing to the treatment for the patient, must be obtained.

_____ _____

Signature of Health Care Agent/Court Appointed Guardian **Date**

_____ _____

Signature & Relation of Next of Kin **Date**

Witness:

I,_____ am an employee of Cornerstone Family Healthcare who is not the patient's health care provider and I have witnessed the patient or other appropriate person voluntarily signs this form.

Signature and title of Witness _____

Interpreter/Translator: To the best of my knowledge the patient understood what was interpreted/translated and voluntarily signed this form.

Signature of Interpreter/Translator_____