# Medical Consent Form

Patient details, consent statement & signature

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This form records the patient's consent to the treatment or procedure described below. Replace this placeholder statement with wording reviewed by the appropriate professional for your practice and jurisdiction.

## Patient

**Patient name**

**Date of birth**

**Condition or procedure**

**Treating provider**

**Clinic / facility**

## Consent statement

I confirm that the treatment or procedure named above, along with its purpose, risks, benefits, and alternatives, has been explained to me. I have had the chance to ask questions and I consent to the care being provided by the named provider. I understand I may withdraw this consent at any time before the procedure.

☐ I have read and agree to the statement above

## Parent or guardian (for a minor)

Complete this section if the patient is under 18.

**Parent / guardian name**

**Relationship to patient**

## Signatures

The patient signs, or a parent or guardian signs for a minor.

**Patient signature**

**Date**

**Parent / guardian signature**

**Date**