



## Medical Treatment Consent

By signing below, I am authorizing physicians and certified nurse midwives and/or nurse practitioners to provide medical care and/or treatment to me. I understand that these providers will provide treatment to me in accordance with the Standards of Care set forth by the American College of Obstetrics and Gynecology. I understand that this treatment may include laboratory, ultrasound and other diagnostic procedures to provide the best possible care to me.

While routinely performed without problems, there may be material risks associated with each of these procedures. I understand that it is not possible to list every risk for every procedure and that this form only attempts to identify the most common material risks and alternatives (if any) associated with the procedures. I also understand that various healthcare professionals may have differing opinions as to what constitutes material risks and alternative procedures.

The procedures may include, but are not limited to, the following:

1. **Drawing Blood, Bodily Fluids**, such as those done for laboratory testing and analysis. The material risks associated with these types of procedures include, but are not limited to: paralysis or partial paralysis, nerve damage, infection, bleeding and loss of limb function. Apart from long term observation and/or refusal of treatment, no practical alternative exists.
2. **Needle Sticks**, such as shots or injections. The material risks associated with needle sticks include, but are not limited to: nerve damage, infection, paralysis or partial paralysis. There may be alternatives depending on the type of shot or injection intended.
3. **Physical Tests, Assessments and Treatments**, such as vital signs, internal body examinations, range of motion checks and other similar procedures. The material risks associated with these types of procedures include, but are not limited to: allergic reactions, infection or worsening condition. Apart from using modified procedures and/or refusal of treatment, no practical alternative exists.

### I understand that:

1. The practice of medicine is not an exact science and that **NO GUARANTEES OR ASSURANCES HAVE BEEN MADE TO ME** concerning the outcome and/or result of any procedure(s).

2. The healthcare professionals participating in my care will rely on my documented medical history, as well as other information obtained from me, in determining whether to perform or recommend the procedure(s), therefore I agree to provide accurate and complete information about my medical history and conditions.
3. I may withdraw my consent for any test or procedure at any time.

**By signing this form:**

1. I consent to healthcare professionals performing procedures as they may deem reasonably necessary or desirable in the exercise of their professional judgement, including those procedures that may be unforeseen or not known to be needed at the time this consent is obtained.
2. I acknowledge that I have been informed in general terms of the nature and purpose of the procedure(s), the material risks of the procedure(s), and practical alternatives to the procedure(s).
3. I consent to the observation and participation of personnel-in-training and students in my care and treatment.
4. If I have questions or concerns regarding the procedure(s), I will ask my provider to give me additional information. I also understand the provider may ask me to sign additional informed consent documents.

All information obtained from me and all testing will be confidential and kept confidential unless I sign a release for this information to another party. No one will be able to access information from my records in the clinic without my prior written permission.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Date