# Patient Consent Form

**Purpose:** This form is intended to document the patient's informed consent for a medical procedure or treatment plan. It outlines the details of the procedure, associated risks, and confirms the patient's understanding and agreement to proceed.

## Patient Information

**Full Name:** {fullName}

**Date of Birth:** {dateOfBirth}

**Address:** {address}

**Phone Number:** {phoneNumber}

**Email Address:** {email}

## Procedure Information

**Procedure Name:** {procedureName}

**Date of Procedure:** {procedureDate}

**Performing Physician:** {physicianName}

### Description of Procedure

{procedureDescription}

### Expected Benefits

{expectedBenefits}

### Potential Risks and Complications

{risks}

{#hasAlternatives}

### Alternative Treatments

* {alternatives}

{/hasAlternatives}

### Patient Acknowledgements

* I have read and understood the information provided about the procedure.
* I have had the opportunity to ask questions and receive clear answers.
* I understand the potential risks, complications, and alternative treatments.
* I understand that I may withdraw my consent at any time.
* I consent to the procedure described above.

Additional Notes: {additionalNotes}

## Authorization

|  |  |  |  |
| --- | --- | --- | --- |
| **Participant** | **Name** | **Signature** | **Date** |
| Patient | {patientName} | {patientSignature} | {patientDate} |
| Witness | {witnessName} | {witnessSignature} | {witnessDate} |
| Physician | {physicianName} | {physicianSignature} | {physicianDate} |

Please retain a copy of this form for your records.