EXPRESS PEDIATRIC CARE

GENERAL CONSENT FORM

The following are conditions for services provided by Express Pediatric Care for the patient whose name appears at the bottom of this page.

Consent for Medical Treatment

I voluntarily consent for medical treatment and diagnostic procedures provided by Express Pediatric Care.

Acknowledgement of Patient Follow-Up Plan

Healthcare is a partnership in which the physician and the patient both have responsibilities. It is the provider's responsibility, in consultation with patient/parent, to arrive at a diagnosis, keep you informed of your diagnosis and course treatment options, and to explain the importance of any recommended follow-up. Once the diagnosis and course of treatment have been established and agreed upon collaboratively, it is the patient's responsibility to follow the agreed upon treatment plan and to return as advised for ongoing assessments of health, illness, and treatment outcomes.

Providers in Training

Our local hospitals are teaching instructions, and nearby we have multiple nursing and medical schools. On a regular basis, our providers take part in the guidance of young providers and nurses in training. Oftentimes, a medical student will be working with one of our providers. In this office, our priority is the comfort and well-being of our patients. Please inform any of our staff as soon as possible if you do not wish to have a medical or nursing student present during your visit, at each visit.

Contacting Patients

I hereby authorize Express Pediatric Care to contact me thru the information provided at the time of registration.

Age Policy

We see infants, children, and teenagers from newborn through 18 years of age. Once an adolescent is 18 years old and has completed or finished high school, we feel they need to find an adult provider, and they can no longer come to our office for sick or well visits. Established patients may return for one last visit for a pre-college physical and/or vaccines.

Patient Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____