

**PHYSICIAN ASSISTANT**

**CONSENT FOR TREATMENT**

**This facility has on staff a physician assistant to assist in the delivery of medical care.**

**A physician assistant is not a doctor. A physician assistant is a graduate of a certified training program and is licensed by the state board. Under the supervision of a physician, a physician assistant can diagnose, treat and monitor common acute and chronic diseases as well as provide health maintenance care.**

**“Supervision” does not require the constant physical presence of a supervising physician, but rather overseeing the activities of and accepting responsibility for the medical services provided.**

**A physician assistant may provide such medical services that are within his/her education, training and experience. These services include:**

* + - **Obtaining histories and performing physical exams**
		- **Ordering and/or performing diagnostic and therapeutic procedures**
		- **Formulation a working diagnosis**
		- **Developing and implementing a treatment plan**
		- **Monitoring the effectiveness of therapeutic interventions**
		- **Assisting at surgery**
		- **Offering counseling and education**
		- **Supplying sample medications and writing prescriptions (where allowed by law)**
		- **Making appropriate referrals**

**I have read the above, and hereby consent to the services of a physician assistant for my health care needs.**

**I understand that at any time I can refuse to see the physician assistant and request to see a physician.**

**Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**