



## Physician Assistant/ Nurse Practitioner Consent Form

This facility has on staff a Physician Assistant/ Nurse Practitioner to assist in the delivery of medical care. A Physician Assistant/ Nurse Practitioner is not a doctor. A Physician Assistant/ Nurse Practitioner is a graduate of a certified training program and is licensed by the state board. A Physician Assistant/ Nurse Practitioner works under the supervision of a doctor to treat diseases as well as provide health maintenance care. Supervision does not require the constant physical presence of the supervising physician, rather the overseeing of activities of and accepting responsibility for the medical services provided.

A Physician Assistant/ Nurse Practitioner may provide such medical services that are within his/ her education, training, and experience. These services may include:

- Obtaining histories and performing physical exams
- Ordering and/ or performing diagnostic and therapeutic procedures
- Formulating a working diagnosis
- Developing and implementing a treatment plan
- Monitoring the effectiveness of therapeutic interventions
- Offering counseling and education
- Supplying sample medications and writing prescriptions
- Making appropriate referrals

I \_\_\_\_\_ **(PLEASE PRINT)** have read the above, and hereby consent to the services of a Physician Assistant/ Nurse Practitioner for my health care needs. I understand that at any time I can refuse to see the Physician Assistant/ Nurse Practitioner and request to see a physician.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Patient, Parent, or Legal Guardian)

\_\_\_\_\_  
(Relationship to patient if not signed by patient)