



DeKalb Medical Physicians Group Atlanta Neurological Associates
PATIENT CONSENT FORM

CONSENT FOR ROUTINE PROCEDURES & TREATMENTS

We are required by law to obtain a consent to treat and disclose "all material risks and alternative treatments." I understand that it is not possible to list every material risk for every Procedure or Treatment and that this form only attempts to identify the most common material risks and the alternatives associated with the Procedures or Treatments.

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

- 1. Needle sticks, such as injections (shots), intravenous lines or intravenous injections. The material risks associated with these types of Procedures include, but are not limited to, nerve damage, infection, infiltration (which is fluid leakage into surrounding tissue), disfiguring scar, loss of limb function, paralysis or partial paralysis of limb or death. Alternatives to needle sticks (if available) include oral, rectal, nasal or topical medications (each of which may be less effective) or refusal of treatment.
2. Physical tests, assessments and treatments such as vital signs, internal body examinations, wound cleansing, 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, severe loss of blood, muscular-skeletal or internal injuries, nerve damage, loss of limb function, paralysis or partial paralysis, disfiguring scar, worsening of the condition and death. Apart from using modified Procedures and/or refusal of treatment, no practical alternatives exist.
3. Administration of Medications whether orally, rectally, topically or through the eye, ear or nose. The material risks associated with these types of Procedures include, but are not limited to, perforation, puncture, infection, allergic reaction, brain damage or death. Apart from varying the method of administration and/or refusal of treatment, no practical alternatives exist.
4. Drawing Blood, Bodily Fluids or Tissue Samples such as that 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 alternatives exist.

By signing this form:

- I consent to Healthcare Professionals performing Procedures as they deem reasonably necessary in the exercise of their professional judgment, including those Procedures that maybe unforeseen or not known to be needed at the time this consent is obtained; and
I acknowledge that I have been informed in general terms of the nature and purpose of the Procedures, the material risks of the Procedures and practical alternatives to the Procedures.
If I have any questions or concerns regarding these Treatments or Procedures, I will ask my physician to provide me with additional information.

Signature of Patient (or authorized person to sign):
Printed Name of Patient:
Reason Patient Unable to Sign (if applicable):
Date Signed:

Acknowledgement of Receipt of Notices of Privacy Practices (HIPAA): I acknowledge that I have received the notice of Privacy Practices.

Signature of Patient: Date:

Patient Approval Form for Physician Assistant: If this practice has a certified Mid-Level Provider available to treat patients for the level of care, which have been approved by the Georgia State Board of Medical Examiners, your signature on this form conveys that you are in agreement with being treated by a Mid-Level Provider, who is acting under the direct supervision of a physician.

Signature of Patient: Date: