

**CONSENT FOR TREATMENT
PHYSICIAN ASSISTANT**



Patient Name: _____ **DOB (Date of Birth):** _____

PLEASE READ THE FOLLOWING DISCLOSURES TO ENSURE YOU UNDERSTAND AND AGREE TO THEM:

Arroyo Vista Family Medicine has a physician assistant on staff 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 medical 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 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
- Assisting at surgery
- Offering counseling and education
- Supplying sample medications and writing prescriptions (where allowed by law)
- Making appropriate referrals

By signing below, I acknowledge I have read and understand the above information. Any questions regarding the information provided have been discussed. I understand that at any time I can refuse to see the physician assistant and request to see a physician. I hereby consent to the services of a physician assistant for my health care needs.

Signature of Patient, Parent, or Legal Guardian

Date

Witness Signature

Date