

## **Physician Assistant (P.A.) / Nurse Practitioner (N.P.) Consent Form**

This facility has on staff a P.A. / N.P. to assist in the delivery of medical care. A P.A. / N.P. is not a doctor. A P.A. / N.P. is a graduate of a certified training program and is licensed by the state board. Under the supervision of a Physician, a P.A. / N.P. can diagnose, treat, and monitor acute and chronic 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 P.A. / N.P. 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 \_\_\_\_\_ have read the above, and hereby consent to the services of a P.A. / N.P. for my health care needs. I understand that at any time I can refuse to see the P.A. / N.P. and request to see a Physician.

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Patient (Guardian) Signature

Date