

Patient Physical Exam Consent Form

This **patient physical exam consent form sample** ensures clear communication between healthcare providers and patients regarding the examination process. It outlines the patient's agreement to undergo a physical assessment while understanding the purpose and potential risks. Using this form enhances informed consent and legal protection.

Patient Name:

Enter patient's full name

Date of Birth:

Healthcare Provider Name:

Enter provider's name

Consent Statement:

I hereby consent to undergo a physical examination to be conducted by the above-named healthcare provider and/or their designated assistant. I understand that the purpose of this examination is to assess my current state of health and aid in diagnosis and recommended treatment. I acknowledge that the nature and purpose of the physical exam have been explained to me, and I understand there may be potential risks, discomfort, or findings resulting from the procedure.

I understand that my participation is voluntary, and I have the right to decline or withdraw consent at any time. All information shared and findings from the exam will be kept confidential in accordance with applicable privacy regulations. I have had the opportunity to ask questions regarding the procedure, and all my questions have been answered to my satisfaction.

Questions/Concerns (Optional):

List any specific questions or concerns here...

Patient Signature:

Sign or type name

Date:

Witness/Provider Signature (if applicable):

Sign or type name

Date:

(This is a sample form for informational purposes and should be modified to meet the legal and policy requirements of your healthcare practice or institution.)