

Client Consent Form for Medical Treatment

A **client consent form** for medical treatment is a vital document that ensures patients are fully informed about the procedures they will undergo. It clearly outlines the risks, benefits, and alternatives, securing legal and ethical compliance. This sample form helps healthcare providers obtain explicit permission before any treatment begins.

Patient Information

Full Name:

Date of Birth:

Address:

Phone Number:

Treatment Details

Description of Planned Treatment/Procedure:

Risks & Possible Complications:

Alternatives to the Proposed Treatment:

Expected Benefits:

Patient Acknowledgment

I acknowledge that I have been informed of the nature, purpose, risks, and alternatives to the proposed treatment. I have had the opportunity to ask questions and all my questions have been answered to my satisfaction.

Patient/Guardian Signature:

Date:

Healthcare Provider Signature:

Date: