



PRE-SURGERY EVALUATION CONSENT FORM

Patient Name: _____

This form contains information about a Pre-surgery Evaluation. If you have any questions regarding the information contained in this form, please ask before signing.

Nature and Purpose of Evaluation

The goal of the Pre-surgery Evaluation is to determine your understanding of the medical procedure(s) your physician is proposing, your expectations for the results of the proposed procedure(s), and the presence or absence of any mental health issues that may interfere with your physician's ability to perform the procedure(s) and/or provide follow-up monitoring and care.

Your physician/surgeon will receive a copy of the final report.

Confidentiality

Information obtained during assessments is confidential and can ordinarily be released only with your written permission. There are some special circumstances that can limit confidentiality including:

- A statement of intent to harm yourself or others
- Statements indicating harm or abuse of children or vulnerable adults
- Issuance of a subpoena from a court of law
- Information shared with insurance companies for the purpose of payment

I have read and agree with the nature and purpose of this assessment and to each of the points listed above. I have had an opportunity to clarify any questions and discuss any points of concern before signing.

Patient Signature

Date

Guardian Signature (if applicable)

Date

Witness Signature

Date