



Name (last, first)	
Birthdate (yyyy-Mon-dd)	Gender <input checked="" type="checkbox"/> M <input type="checkbox"/> F
PHN (Health Care #)	

Instructions: If the person providing consent disagrees to an item on this consent form, strikeout the text and have them initial beside it.		
Details of the service (check the service that applies): <input type="checkbox"/> Time to Talk (T2T) Therapy <input type="checkbox"/> Social Work <input type="checkbox"/> Nutrition Services <input type="checkbox"/> Pain Program <input type="checkbox"/> Workshop (<i>describe</i>)		
I confirm that the nature, benefits, risks, consequences, and alternatives of the treatment/procedure or service (as discussed) and related matters (as identified in the <i>Informed Consent Information Sheet</i>) have been explained to me. I am satisfied with and understand the information I have been given, and I consent to the plan and to engage in service.		
A qualified health care professional will perform the treatment/procedure or service with the assistance of any other healthcare practitioners including students and others in training.		
I understand that I may, at any time, withdraw consent to this procedure/treatment or service (as identified above) or any other related matter.		
Name of person(s) providing consent (1) (2)	Phone Number(s): (1) (2)	Specify role of person(s) providing consent: <input type="checkbox"/> Patient (adult) <input type="checkbox"/> Guardian <input type="checkbox"/> Patient (mature minor)
Signature of person(s) providing consent (1) (2)	Date (yyyy-Mon-dd) (1) (2)	Time (1) (2)
Note: When an individual other than the patient provides consent, a copy of the court order, personal directive, or other document authorizing them to do so must be kept on the health record.		

Witness Statement			
I observed the person providing consent sign the consent form (witness must be at least 18 years of age).			
Name	Signature	Date (yyyy-Mon-dd)	Time

Clinician Statement			
I have explained the treatment/procedure or service to the person providing consent. In my opinion, this person understands the nature, benefits, risk, consequences, and alternatives.			
Consent was given via <input type="checkbox"/> Written <input type="checkbox"/> Telephone <input type="checkbox"/> Videoconferencing			
Name	Signature	Date (yyyy-Mon-dd)	Time