



PCN WELLNESS CENTRE  
4000, 1800 – 194 Avenue SE  
Calgary, AB T2X 0R3  
Ph: 403-668-8600 Fax: 504-668-8610

## FORM Informed Consent

Primary Care Services

V1.0

15 Jul 2021

Name (last, first)	
Birthdate (yyyy-Mon-dd)	Gender <input 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):

- ☐ Time to Talk (T2T) Therapy   
 ☐ Social Work   
 ☐ Nutrition Services   
 ☐ Pain Program  
☐ Workshop (*describe*)

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 *Informed Consent Information Sheet*) 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
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### 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 ☐ Written    ☐ Telephone    ☐ Videoconferencing

Name	Signature	Date (yyyy-Mon-dd)	Time
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