

Primary Care Services

V3.0

January 5, 2026

Name (last, first)	
Birthdate (yyyy-Mon-dd)	Gender
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 (to be discussed) and related matters (as identified in the *Informed Consent Information Sheet*) will be 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)
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Signature of person(s) providing consent (1) (2)	Date (yyyy-Mon-dd) (1) (2)	Time (1) (2)
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**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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