

Incapacitated Patient Consent Form

Patient's name: _____

Patient's date of birth: ____/____/____

It is always desirable and recommended that a legal guardian/ Durable Power of Attorney (DPOA) attend an incapacitated patient's appointment. **If a legal guardian/DPOA is not present at the time of an incapacitated patient's appointment, the patient will be evaluated but no treatment will occur unless authorized by a legal guardian/DPOA by filling out this form.**

1. Treatment authorization by legal guardian/DPOA only: (Check one box only)

- I will be attending the appointment(s) with the incapacitated patient and will be present to give consent if a procedure is recommended.
- I will not be attending the appointment(s) with the incapacitated patient and understand my ward will be evaluated but request no treatment be initiated without first contacting me.
- I will not be attending follow up appointment(s) with the incapacitated patient and give consent for ongoing care of a previously diagnosed condition.

2. Insurance information:

If you **are** attending the appointment with the incapacitated patient, please present the insurance card(s) and photo identification to the receptionist.

If you **are not** attending the appointment(s) with the incapacitated patient, please have the incapacitated patient bring the card(s) to the appointment or attach a copy of the card(s) to this form. Also send along any co-payments.

Name of guardian/DPOA: _____ **Guardian's/DPOA's date of birth:** ____/____/____

Guardian's/DPOA's relationship to patient: _____

3. Payment Policy:

The legal guardian/DPOA who signs this form will be responsible for all co-payments and deductibles. We do not forward bills to other parties regardless of court rulings. We will only respond to a court order that directs Forefront Dermatology to act in a certain way.

Guardian/DPOA Signature: _____

Today's Date: ____/____/____

4. Guardian's/DPOA's Contact information:

Guardian/DPOA (please print): First name _____ Last name _____

Phone (8 am-5 pm): ____-____-____ home / mobile / work (circle one)

Secondary # (8 am-5 pm): ____-____-____ home / mobile / work (circle one)

5. Copy of DPOA Obtained: Yes No

This consent must be signed in addition to obtaining an DPOA.