



Facility:

[Empty box for Facility name]

Chart No.

Name

Unit

(Patient Imprint Card)

通用治疗同意书 (GENERAL CONSENT FOR TREATMENT)

FORM A

住院、门诊和急诊患者。 / For patients seeking in-patient, out-patient and / or emergency room services.

- 1. 我在此医院寻求医护服务及治疗... 2. 我理解, 在我表示不再需要这些服务... 3. 我理解, 我接受这些服务的同意内容称为一般同意书...

患者或未成年患者的家长/法定监护人签字 (Signature of Patient or Parent/Legal Guardian of Minor Patient) 日期 (Date) 和 (and) 时间 (Time) 上午 (am) 下午 (pm)

If the patient cannot consent for him/herself, the signature of either the health care agent or legal guardian who is acting on behalf of the patient, or the patient's surrogate who is consenting to the treatment for the patient, must be obtained.

医疗保健代理人/法定监护人签字 (Signature of Health Care Agent/Legal Guardian) 日期 (Date) 和 (and) 时间 (Time) 上午 (am) 下午 (pm)

代理人的签名及其关系 (Signature and Relation of Surrogate) 日期 (Date) 和 (and) 时间 (Time) 上午 (am) 下午 (pm)

证人 (WITNESS):

I, \_\_\_\_\_ am a staff member who is not the patient's physician or authorized health care provider and I have witnessed the patient or other appropriate person voluntarily sign this form.

证人签字和职称 (Signature and Title of Witness) 日期 (Date) 和 (and) 时间 (Time) 上午 (am) 下午 (pm)

口译/笔译员 (INTERPRETER/TRANSLATOR): (To be signed by the interpreter/translator if the patient required such assistance)

To the best of my knowledge the patient understood what was interpreted/translated and voluntarily signed this form.

口译/笔译员签字 (Signature of Interpreter/Translator) 日期 (Date) 和 (and) 时间 (Time) 上午 (am) 下午 (pm)