

Physician Assistant / Advanced Nurse Practitioner Consent for Treatment

Family Health Center of Mission employs physician assistants & nurse practitioners to assist in the delivery of medical care.
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A physician assistant is NOT a medical doctor. A physician assistant is a graduate of a certified training program and is licensed by the state board. Under the supervision of a physician, a physician assistant can diagnose, treat and monitor common acute and chronic diseases as well as provide health maintenance care.

An advanced nurse practitioner is NOT a doctor. An advance practice nurse is a registered nurse who has received advanced education and training in the provision of health care. An advance practice nurse can diagnose, treat, and monitor common acute and chronic diseases as well as provide health maintenance care. In addition, the advance practice nurse may treat minor lacerations and other minor injuries.

“Supervision” does not require the constant physical presence of a supervising physician, but rather overseeing the activities of and accepting responsibility for the medical services provided. However, FHCM has adopted the policy that a supervisory MD is scheduled to be present during clinic hours. FHCM physician assistants & nurse practitioners are instructed to consult their supervising MD for any questions or concerns regarding patient care.

A physician assistant or nurse practitioner may provide such medical services that are within his/her education, training and experience. These services may include:

- Obtaining histories and performing physical exams
- Ordering and/or performing diagnostic and therapeutic procedures
- Formulation a working diagnosis
- Developing and implementing a treatment plan
- Monitoring the effectiveness of therapeutic interventions
- Assisting at surgery
- Offering counseling and education
- Supplying sample medications and writing prescriptions (where allowed by law)
- Making appropriate referrals

I have read the above, and hereby consent to the services of a physician assistant and /or nurse practitioner for my health care needs.

I understand that at any time I can refuse to see the physician assistant and /or nurse practitioner and request to see a physician.

Patient (or representative of pt):	Date
Signature of above name:	Witness: (optional)