

Dementia Palliative Care Consent Form

Patient Information

Patient Name

Date of Birth

Address

Diagnosis & Condition

Dementia Diagnosis

Other Relevant Medical Conditions

Palliative Care Information

Goals of Palliative Care

Treatments/Support to be Provided

Risks and Benefits Discussed

Consent Confirmation

☐ I confirm the information has been explained and I understand the palliative care plan.

☐ I agree to palliative care for the patient named above.

Patient/Representative Name

Signature

Date

Healthcare Provider Name

Signature

Date