

End-Stage Renal Disease Palliative Consent Form

Patient Information

Patient Name:

Date of Birth:

Medical Record Number:

Palliative Care Discussion

Risks, Benefits, and Alternatives

Patient/Representative Acknowledgement

☐ I have had the opportunity to discuss my diagnosis, prognosis, care options, and goals with my medical team.

☐ My questions about end-stage renal disease and palliative care have been answered.

☐ I consent to initiate palliative care for end-stage renal disease.

Patient/Representative Signature

Date:

Provider Signature

Date: