

# Inpatient Palliative Care Consent Form

## Patient Information

Patient Name

Date of Birth

Medical Record Number

Admission Date

## Consent Details

Diagnosis

Palliative Care Plan

Benefits & Risks Discussed

Alternative Options Discussed

Patient Goals & Preferences

## Consent Statement

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I confirm that I have read and understand the information provided.

Patient/Representative Signature

Date

Provider Name

Provider Signature

Date