

## **INSTRUCTIONS**

### **Physician/Physician Assistant/Nurse Practitioner Evaluation Consent for Release of Medical Information**

This document is faxed to the individual's physician, physician assistant (PA) or nurse practitioner (NP) for completion. The ALR may, after faxing over proof of consent, also call the doctor's office to obtain information. Alternatively, the individual may take this form to an appointment at the doctor's office and request that the document be completed at that time.

If the individual sees more than one physician, this form may be completed by each.

It is likely that the physician/PA/NP will not answer all of the questions. It is the facility's responsibility to gather the needed information about the individual's health status, and through the initial assessment process, obtain all the information needed in order to make any decision about admitting the individual to your Assisted Living Residence.

#### Consent Section:

1. Individual enters the name of the medical practitioner who will complete the form.
2. ALR staff or individual enters address, phone, and fax number.
3. After reading the consent statement, the individual or legal representative signs and dates the consent section.
4. The individual prints their name and enters their birth date.
5. Enter the name of the individual in the document's header, starting on page 2.

The document is now ready to be mailed or faxed to the person noted on the top of the form.