

Hospital Admission Consent Form

Patient Name: _____

Date of Birth: _____

Admission Date: _____

To Whom It May Concern,

I, the undersigned, hereby consent to the admission of the above-named patient to [Hospital Name] for medical treatment. I understand that this treatment may include diagnostic tests, procedures, and other interventions as deemed necessary by the attending physician.

I acknowledge that I have been informed about the nature of the proposed treatment, the potential risks and benefits, as well as alternative courses of action. I have had the opportunity to ask questions regarding the treatment and have received satisfactory answers.

I also understand that I have the right to withdraw my consent at any time, and that my consent is voluntary. This consent shall remain in effect throughout the duration of the hospital stay.

Patient/Guardian Name: _____

Signature: _____

Date: _____

Contact Number: _____