

# Consent for Memory Care Assessment

Date: \_\_\_\_\_

To: [Provider's Name] [Provider's Address] [City, State, Zip]

Dear [Recipient's Name],

I, [Your Name], hereby give my consent for [Patient's Name], who is under my care, to undergo a memory care assessment at [Facility Name]. I understand that this assessment will involve various evaluations to determine the appropriate care and support needed.

I acknowledge that I have been informed about the purpose of the assessment, the procedures involved, and any potential risks or benefits.

I confirm that I have the legal authority to make this decision on behalf of [Patient's Name] and that all my questions have been answered satisfactorily.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Thank you for your attention to this matter.

Sincerely,

[Your Name]