

The following form is promulgated pursuant to the Consent to Medical Treatment Act (Chapter 313, Texas Health and Safety Code.) The execution of this form does not permit a surrogate's decision to withhold or withdraw life sustaining treatment.

CONSENT TO MEDICAL TREATMENT

Consent to Medical Treatment Act (Chapter 313, Texas Health and Safety Code)

****Only for Patients in a Nursing Home or Hospital****

Surrogate Decision that does not include withholding or withdrawing life sustaining treatment

Name of Resident: _____

This consent is **not related to withholding or withdrawing life-sustaining procedures** and would be used for an adult patient:

- Who has no formal guardian or health care agent under a medical power of attorney; **and**
- Whose care decisions are NOT related to the withholding or withdrawing of life-sustaining procedures.

A surrogate decision-maker may not consent to:

- voluntary inpatient mental health services;
- electro-convulsive treatment; or
- the appointment of another surrogate decision-maker.

If an adult patient in a nursing home or hospital is comatose, incapacitated, or otherwise mentally or physically incapable of communication, an adult surrogate from the following list, in order of priority, who has decision-making capacity, is available after a reasonably diligent inquiry, and is willing to consent to medical treatment on behalf of the patient, may consent to medical treatment on behalf of the patient:

- 1) the patient's spouse;
- 2) an adult child of the patient who has the waiver and consent of all other qualified adult children of the patient to act on behalf of the patient as the sole decision-maker;
- 3) a majority of the patient's reasonably available adult children;
- 4) the patient's parents;
- 5) the individual clearly identified to act for the patient by the patient before the patient became incapacitated, the patient's nearest living relative, or a member of the clergy.

PHYSICIAN DOCUMENTATION:

1) Describe the patient's comatose state, incapacity, or other mental or physical inability to communicate. _____

2) Proposed medical treatment _____

3) How is it known that this decision is based on knowledge of what the patient would desire?

4) Attempts to contact persons eligible to serve as surrogate decision-maker:

Physician Signature: _____

Physician Printed Name: _____

Date: _____

I have read and agree with the treatment decisions as outlined above.

Surrogate Signature _____

Surrogate Printed Name _____

Relationship _____ Date _____

If surrogate consent to treatment is received by telephone: yes ___ no ___

Received by _____ Date of Signature _____

Time _____ AM/PM

NOTE: If consent is received by telephone, the signature of the surrogate must be obtained as soon as possible