

	Republic of the Philippines Department of Health <b>BAGUIO GENERAL HOSPITAL AND MEDICAL CENTER</b> Baguio City	
	PSYCHIATRY DEPARTMENT <b>CONSENT FOR OUTPATIENT          CONSULTATION</b>	Form No.: MD - PSY - 013 Revision No.: Ø

Date: Dec 13, 2022

*To Whom It May Concern:*

Be it known that I, [Redacted], 47 years of age,  
(Name of Person Giving Consent) (Age)

[Redacted] of [Redacted],  
(Relationship to Patient) (Name of Patient)

voluntarily and willingly give my consent that said patient to be admitted to the out-patient for psychiatric evaluation and treatment. I further agree to have him/ her submitted to any medical and/ or surgical treatment including major surgical treatment, that the hospital may deem proper to administer or perform, with understanding that both the hospital authority or his/ her representative and the person performing the treatment operation will be not held responsible for any liability, civil, criminal or otherwise, by me or by the abovementioned patient's other relatives or guardians who may claim such to be the result of the said operation/ treatment or the immediate surrounding circumstances.

[Redacted Signature]  
(Signature over Printed Name)

[Redacted Address]  
(Address)

[Redacted Contact Number]  
(Contact Number)