

Sri Sathya Sai Palliative Care Center - Puttaparthi
Consent Form for Admission

Name/Age:

ID:

Diagnosis:

I, _____ agree to join Sathya Sai Palliative Care for the management of symptoms of my disease.

I agree to receive palliative care services like pain management, psychological care, spiritual care available at Sathya Sai Palliative Care. I understand that palliative care does not treat the disease, it treats only the symptoms of the disease.

The doctor explained to me the treatment options available for my current condition and I have understood them.

I understand that I have the right to refuse or withdraw treatment at any time.

Patient/Caregiver Signature:

Staff Signature:

Please note:

* Signing of this document is essential before admission to Sathya Sai Palliative Care.