Physician Order and Informed Consent Verification Sheet
for
Psychotropic Drug and Physical Restraint Use

Date / Time Order Received: _____ _____

Order _____

_____

_____

_____

TO / VO Physician: _____ Nurse: _____

☐ This order shall be initiated promptly due to the emergency situation described in the licensed Nurses Notes. Procedures shall be taken to obtain informed consent as soon as the emergency situation is controlled.

Noted by:

Material information was discussed with the:

☐ Patient:

☐ Surrogate: _____

By:

☐ Physician: _____ and / or

☐ Other Health Professional(s): * _____

_____ and / or

☐ Interpreter: * _____

Informed Consent was ☐ Obtained and order shall be initiated, or

☐ Refused and order shall NOT be initiated.

on: Date: _____ Time: _____

Signature of Nurse: _____

Signature of Physician: _____

Noted by:

* = Include signature(s) of the person(s) involved.

LAST NAME	FIRST NAME	INIT.	ATTENDING PHYSICIAN	ROOM NO	RESIDENT NUMBER

White: Health Record Yellow: Computer Copy Pink: T.O. to Physician

SNF FORMS