ZMEDICUS
Integrative Medicine Concepts

ZMEDICUS Mobile Physician Service
3580 Luther Curtis Road
Troy, Texas, US - 76579-76579

ZMEDICUS Consent to Treat

I consent to a care agreement between myself and Zena Medica-O'Hea DO. * ☐ Yes ☐ No

I understand that this consent includes access to medical records from other medical treating facilities and authorize Zena Medica-O'Hea access to my medical records. * ☐ Yes ☐ No

Parent-Guardian Name (if applicable): _____

I agree to allow Zena A. Medica-O'Hea DO to provide medical consultation and direct patient care for myself/ patient under guardianship * ☐ Yes ☐ No

I understand that safe, sound care is only possible with disclosure of my medical/surgical history and medication history as completely as possible. * ☐ Yes ☐ No

I agree that omission of any medical information to Zena Medica-O'Hea DO can impact my safety and result in less than optimal outcomes of medical treatment / advice * ☐ Yes ☐ No

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Zena A. Medica-O'Hea DO of such changes. * ☐ Yes ☐ No

Client Signature (or Parent-Guardian, if applicable): * _____

Date Auth Signed: * _____