



Sample consent form for Forensic Physicians

Consent

Verbal consent obtained YES NO

Signed _____

Date _____

Special features _____

Witnessed (if appropriate) _____

Date _____

Name of Witness _____

Relationship of witness _____

I consent to a medical examination, including the taking of notes and samples if appropriate on myself or my _____ as explained to me by Dr _____ .

I understand that Dr _____ may have to produce a report based on the history and examination and that details of the examination may have to be revealed in court.