



North Shore Mental Health, Inc.
Adult Mental Health Division
CONSENT TO EVALUATION/TREATMENT

Name of Consumer:	Birth date:	
Name and Address of Agency To Provide Treatment: North Shore Mental Health, Inc. 56-119 Pualalea St. Kahuku, HI 96731		
Consent to Evaluation Only () Consent to Initial Treatment ()		
Consent to Develop a Comprehensive Treatment Plan () Consent to Community Based Case Management (CBCM) ()		
Conditions to be treated, including diagnosis or probable diagnosis		
Purpose(s) of proposed treatment or recommended procedures:		
Specific treatment(s) proposed:		
Summary of recognized benefits and risks of the proposed treatment and alternatives, including no treatment, and anticipated results of treatment which are verbally explained: ----Benefits....Treatment may lead to reduction of symptoms ----Risks....Symptoms may worsen before improving, or may not improve at all ----Alternatives....No treatment or services ----Anticipated Results....Treatment will improve the possibility of a good outcome		
For the person(s) providing consent: ----I hereby consent to the evaluation /treatment proposed above ----I was able to ask questions and receive answers about this proposed treatment ----I understand that I may obtain a second opinion ----I understand that I may withdraw my consent prior to or during treatment ----I understand that the anticipated results of treatment is not guaranteed ----I understand that certain records about me/my child and my/my child's treatment shall be kept in written and computerized form at the North Shore Mental Health, Inc. Administrative office where inquiries and requests for records may be addressed ----I understand that records about me/my child and my/my child's treatment may be audited, and used for evaluation and research with full protection of confidentiality		
Name of person(s) providing consent:	Relationship to Consumer	
Signature(s) of person(s) providing consent:	Date:	
Signature of person providing information & obtaining consent:	Title of person	Date:
This consent expires on this date: _____		