

Schwieters Medical, PLLC
2781 Pilot Knob Road
Eagan, MN 55121
Phone: (651) 289-7300
Fax: (651)289-7301

Your signature indicates you are being seen (or your child is being seen) by your own choice. You consent to the evaluation that you have scheduled which could include psychotherapy and/or medication management.

In the course of your treatment at this office you may be prescribed medication. If this occurs, it may be necessary to share health information with your pharmacy by fax, mail or phone to facilitate your medication or refills. If prior authorization is needed by your insurance company to cover your medication, it may also be necessary to share your information with your insurance company.

If you use transportation service to come to your appointment it may be necessary to verify that you were here for your appointment with that transportation service.

In addition to consent for treatment your signature below acts as a release and authorization to share this information in the capacity described.

_____ /_____/_____
Printed Name Date of Birth

_____ /_____/_____
Signature of Patient Date

_____ /_____/_____
Signature of Parent or Guardian (if applicable) Date