

5. Do you anticipate performing an HIV test? _____ Yes _____ No

Public Health Law section 2781 (3) requires that the person ordering the HIV test must provide counseling and information regarding HIV testing risks and benefits to the patient to the extent possible. These include:

- (a) HIV causes AIDS and can be transmitted through sexual activities and needle-sharing, by pregnant women to their fetuses, and through breastfeeding infants;
- (b) there is treatment for HIV that can help an individual stay healthy;
- (c) individuals with HIV or AIDS can adopt safe practices to protect uninfected and infected people in their lives from becoming infected or multiply infected with HIV;
- (d) testing is voluntary and can be done anonymously at a public testing center;
- (e) the law protects the confidentiality of HIV related test results;
- (f) the law prohibits discrimination based on an individual's HIV status and services are available to help with such consequences; and
- (g) the law allows an individual's informed consent for HIV related testing to be valid for such testing until such consent is revoked by the subject of the HIV test or expires by its terms.

6a. Clinical indications for the requested proposed major medical treatment(s):

6b. In my clinical opinion the **risks** specific to this proposed major medical treatment(s) is/are:

6c. In my clinical opinion the **benefits** specific to this proposed major medical treatment(s) is/are:

7. Is the use of general anesthesia anticipated? _____ Yes _____ No

Only answer YES if the patient will be unconscious and intubated during the treatment.

When the treatment plan does not include general anesthesia, if on the day of the proposed major medical treatment(s) the use of general anesthesia becomes necessary, Public Health Law Section 2805-d provides for the disclosure of reasonably foreseeable risks. Common/severe complications of general anesthesia include: hoarseness, nausea, sore throat, broken teeth, tracheal or esophageal injuries, respiratory distress, cardiac failure and death.

(Source: American Society of Anesthesiologists)

8. The following diagnostic tests/examinations have been performed to confirm my recommendation(s):
(Include copies of reports.) _____

9. Is there an alternative less-invasive procedure available to this patient? _____ Yes _____ No

If yes, state procedure: _____

Explain your rejection of this alternative procedure below:

10. Explain the **risk of non-treatment**: _____

11. The above information and statements are to the best of my knowledge truthful and complete.

Print Name Clearly

Signature

Date

If the evaluation has been performed by other than a licensed physician, dentist or podiatrist, this form must be co-signed below.

12. I am a licensed _____ . I concur with the above clinical evaluation and certify that
(Physician/Dentist/Podiatrist)
it is complete and truthful to the best of my knowledge.

Print Name Clearly

Signature

License #

Date