

**INTERDISCIPLINARY TEAM MEDICAL PROCEDURE  
SIGN OFF SHEET**

I, \_\_\_\_\_, am my  
own guardian. I can sign for my medical treatment.

The signatures below are from my Interdisciplinary Team whose role is  
to provide me with information and assistance in choosing medical care.  
They are aware of my current medical need for \_\_\_\_\_  
\_\_\_\_\_ and have discussed it with me.

Signature

Title

Date

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