etairos HEALTH Your Partner at Home
6450 NW 5th Way
Ft. Lauderdale, FL 33309
P: 954-834-2222
F: 954-834-2227

CLIENT SIGNATURE FORM – ONE VISIT PER PAGE

Print Patient Name: _____

Date of Visit: _____

Type of Visit: (Name It) _____

Print Name of Clinician: _____

Signature of Clinician: _____

Reasoning for Obtaining Paper Signature:

_____

_____

_____

_____

Patient Signature: _____

Signature Date: _____

NOTE: CLINICIAN, PLEASE ASSURE THAT THIS FORM IS SENT TO THE OFFICE ASAP