

**OKLAHOMA DEPARTMENT OF CORRECTIONS  
CONSENT FOR PALLIATIVE CARE**

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Name of Inmate: \_\_\_\_\_ ODOC #: \_\_\_\_\_

Palliative philosophy is rooted in the concept of comfort care as opposed to curative care. It has an emphasis on effective pain management and symptom control to improve the quality of life when an illness cannot be cured or controlled. The purpose of my choosing to be part of this type of care is to make this remaining part of my life as filled with care and comfort as possible.

I, \_\_\_\_\_, voluntarily and knowingly execute the following document as consent for palliative care. The meaning and effect of this document has been fully and clearly explained to me, and I completely understand its terms, how they apply to my medical care and their likely effects in the event the terms of this document need to be put into place. The terms and meaning of this document were explained to me on \_\_\_\_\_ by \_\_\_\_\_ at which time I had the opportunity to ask questions in order to fully understand the terms of this document. Therefore, I \_\_\_\_\_, hereby request that I receive care based on the palliative care philosophy explained to me by \_\_\_\_\_.

I direct that my treatment be limited to measures to keep me comfortable and to relieve pain.  
\_\_\_\_\_ (Inmate's Initials)

I understand that I can withdraw from palliative care program at any time.  
\_\_\_\_\_ (Inmate's Initials)

I give my permission for a health services administrator to contact the following person(s) to provide emotional support to them during my illness and after my death.  
\_\_\_\_\_ (Inmate's Initials)

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Inmate Name: \_\_\_\_\_ ODOC #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attending Physician: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_