

AGREEMENT ON GOALS V2 10.1.15



**TO BE COMPLETED AT FIRST MEETING OR PHONE CALL BETWEEN VETERAN AND PAVE
PHYSICIAN ADVOCATE**

**WE AGREE THAT ANY SERVICES I RECEIVE FROM A PAVE PHYSICIAN ARE
INFORMATIONAL ONLY AND DO NOT INVOLVE THE PRACTICE OF MEDICINE.**

**WE AGREE THAT THERE IS NO DOCTOR-PATIENT RELATIONSHIP FORMED EITHER
IMPLICITLY OR EXPLICITLY.**

**MY REQUIRED MEDICAL SERVICES WILL BE PROVIDED BY MY PHYSICIAN(S), CLINIC,
HOSPITAL, OR OTHER LICENSED HEALTH CARE PROVIDER(S).**

**AS A RESULT OF THIS DISCUSSION, WE ANTICIPATE MEETING OR COMMUNICATING AS
OFTEN AS NEEDED.**

I UNDERSTAND ACCEPT THE ABOVE STATEMENTS. Date _____

MY PROBLEM IS SOLVED & FURTHER ACTION NOT NEEDED. RESOLVED YES__ NO __

VETERAN SIGNATURE _____ OBTAINED VIA PHONE _____

**I AGREE(D) TO WORK WITH THIS VETERAN.
PHYSICIAN ADVOCATE: _____ Date _____**

PROPOSED GOALS OF VETERAN AND PHYSICIAN ADVOCATE:

FINAL OUTCOME:

**COPIES OF THE INTAKE V-1 AND GOALS AGREEMENT V-2 FORMS ARE RETAINED BY PAVE
PHYSICIAN ADVOCATE AND ON REQUEST GIVEN OR SENT TO VETERAN
(Use other side for additional notes)**

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