

# TASMINA SHEIKH MD, PA

General Psychiatrist & Fellow in Geriatric Psychiatry  
Diplomate of the American Board of Psychiatry and Neurology

---

4600 Military Trail, Suite 221, Jupiter, FL 33458  
Phone: (561) 625-9695 Fax: (561) 625-9745

## Patient Consent Form

I hereby authorize: Tasmina Sheikh MD, PA

To do one or more of the following:

- a. Telepsychiatry (accordance to COVID-19 Preparedness and Response Supplemental Appropriations Act)

\_\_\_\_\_  
Patient Name (Printed) Date of Birth

\_\_\_\_\_  
Patient Signature Date

Signature of the witness: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian's signature and date (if patient is a minor and/or unable to sign for him/herself):

\_\_\_\_\_  
Guardian Name (Printed) Date of Birth

\_\_\_\_\_  
Guardian Signature Date