



## Consent for Surgical / Dental Procedure Requiring General Anaesthetic

### Consent to carry out medical or dental treatment for a person under the Guardianship of the Public Guardian (*Guardianship and Administration Act 1995*)

Please note, substitute consent is **not** required from the guardian when:

- the medical practitioner believes the person has capacity to consent to the proposed treatment/procedure
- when the treatment is minor, including non-intrusive examinations, non-prescription medication and first aid (S. 3 GAA)

Patient:

Treating Doctor/s:

Phone:

Consent by the guardian will be provided in writing, preferably by email. Please provide your email address, or other alternative method of contact. Please email the completed form to the guardian at [opg@publicguardian.tas.gov.au](mailto:opg@publicguardian.tas.gov.au) and phone the office on 6165 3444 if further guidance or assistance is required.

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Email

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Other

1. Proposed procedure and anaesthesia requirements:

2. What is the purpose of the procedure and how will it promote and maintain the health and well-being of the patient?

3. Are there any significant risks or side effects of the proposed procedure or from the anaesthetic?

4. What are the consequences of not proceeding and are there any alternatives?

5. What are the post-operative treatment recommendations, including dosage, risks and side-effects of any medication?

6. What other treatment / medication (& dosage) is the patient receiving?

7. What are the patients views regarding the proposed procedure? (if not obtainable, indicate N/A).

**For Public Guardian use only**

I hereby consent to the proposed procedure/treatment specified above being provided to the patient, who is subject to a guardianship order. Consent is provided on the understanding that you will inform your patient of this decision as soon as possible.

Conditions (if relevant):

Guardian:

Date: