

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

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Patient	ent:	5'			A 4: 1 11 A1		
		First Name			Middle Name	Surname	
Date o	e of Birth:						
		ММ	DD	YY			
Treatir	ng Doctor:						
Contac	t Number						
	nt by the G ulternative			ided in wri	iting, preferably by email.	Please provide your email address,	or
Email:					Other:		
1 Wha	at conditio	n is this t	reatment	for?			
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VI	hat are the patient's views regarding the proposed treatment (if not obtainable, indicate N/A)
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	oposed Treatment (including dosage and duration)
	e there any significant risks or side effects of the proposed treatment?

	What are the consequences of not undertaking the proposed treatment?
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Δ	Are there any reasonable alternatives to the proposed treatment?
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۷	What other treatment / medication (& dosage) is the patient receiving?
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DATE		
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Please print this form

save PDF then email PDF as an attachment to public.guardian@publicguardian.tas.gov.au
The guardian will complete the form and send it back to you in your preferred format.

Contact:

GPO Box 825, Hobart Tas 7000 Phone: 03 6165 3444 (state-wide) / 1800 955 772 public.guardian@publicguardian.tas.gov.au www.publicguardian.tas.gov.au

Public Guardian use only

I hereby consent to the proposed treatment specified above being provided to the patient, who is subject to a guardianship order.

Conditions (if relevant)	
Guardian Name	
Date	