



## Consent for Medical and Dental Treatment Form

### 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 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)

Patient:

Treating Doctor:

Phone:

Consent by the Guardian will be provided in writing, preferably by email. Please provide your email address, or other alternative method of contact.

☐ Email

☐ Other

1. Proposed treatment (including dosage and duration):

2. How will the treatment promote and maintain the health and well-being of the patient?

3. Are there any significant risks or side effects of the proposed treatment?

2.

4. What are the consequences of not undertaking the proposed treatment?

5. Are there any reasonable alternatives to the proposed treatment?

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

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

Please print this form, save pdf then email pdf as an attachment to:

[opg@publicguardian.tas.gov.au](mailto:opg@publicguardian.tas.gov.au) (03) 6165 3444

The guardian will then complete the form and send it back to you in your preferred format.

**For 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. Consent is provided on the understanding that you will inform your patient of this decision as soon as possible.

Conditions (if relevant):

Guardian:

Date: