

## Application for consent to medical or dental treatment

Medical and dental practitioners may use this form to apply for consent to carry out medical or dental treatment for a person represented by the Public Guardian, if there is a guardianship order in place with the relevant decision-making authority, as per part 5 of the *Guardianship Act 1987* (NSW).

Before completing this application form, please visit [www.tag.nsw.gov.au/consent](http://www.tag.nsw.gov.au/consent) for information about when consent is required and who can provide consent.

### Important information:

- This form may only be completed by medical and dental practitioners. This can be the treating practitioner or registrar.
- If completing this form in writing, please write clearly in print to avoid delays.
- For general enquiries during business hours, please call 8688 2650 or [visit our website](http://www.tag.nsw.gov.au/consent).
- For urgent requests outside business hours, please call 8688 2650 to access the Public Guardian's after-hours service.

**Please return completed and signed form to the Public Guardian**

via email: [informationsupport@opg.nsw.gov.au](mailto:informationsupport@opg.nsw.gov.au) or fax: 02 8688 9797.

## 1. Information about the patient

Full name	Date of birth
Present location	Telephone

## 2. Treating practitioner

Full name	
Practice address	
Telephone	Fax

### 3. Patient views

Has the treatment been discussed with the patient?

☐ Yes

☐ No

In your opinion, is the patient able to understand what the treatment entails?

☐ Yes

☐ No

**Note:** by selecting 'Yes' to both questions, you are indicating that the patient has capacity to provide consent and consent is not required from the Public Guardian.

If no, why is the patient unable to understand what the treatment entails?

Has the patient indicated any views about the treatment now or in the past? If so, what are they?

Does the patient object to the proposed treatment?

☐ Yes

☐ No

If yes, what is the nature of the patient's objection?

### 4. Views of significant others

If relevant, what are the views of the patient's private guardian(s), close family, friends or carer about the proposed treatment?

### 5. Patient's condition

What is the condition requiring treatment?

### 6. Proposed treatment

Date of treatment (if applicable)

Time of treatment (if applicable)

What is the proposed treatment (including dosage, if applicable)? Does this treatment involve any significant risk or side effects? If so, what are they?

For what period of time is consent requested? Please note consent can only be provided for a maximum of 12 months.

Are there reasonable alternative treatments for the condition? If so, please list them, describe any associated risks and side effects and briefly explain why the proposed treatment is preferred.

What are the likely consequences of not carrying out the proposed treatment?

What other treatment/medication (and dosage) is the patient receiving?

### 7. Attachments

If you are submitting attachments, please select them.

- ☐ Medical summary or report
- ☐ Medications list
- ☐ Other (please specify below)

### 8. Signature

Name	Position
Signature	Date

By submitting this form, you understand that NSW Trustee & Guardian collects, stores and uses personal and health information to carry out its statutory functions. To learn more visit [www.tag.nsw.gov.au/privacy](http://www.tag.nsw.gov.au/privacy).