



**PUBLIC TRUSTEE
AND GUARDIAN**

INFORMATION REQUIRED FOR CONSENT TO MEDICAL PROCEDURE OR TREATMENT

Telephone: 6207 9800 • Facsimile: 6207 9811

To be completed by the **medical practitioner** performing the procedure or treatment.

1. Patient details:

Family name

Given names

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Date of birth

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2. Does the patient have an Advance Care Plan or Direction?

Yes

No

Unknown

3. Has the proposed medical procedure or treatment been discussed with the patient?

Yes

No

Informed only (due to level of impairment)

4. Please provide a detailed explanation of the proposed medical procedure or treatment

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**5. Are there any alternative medical procedures or treatments available?
If so, why are they not appropriate?**

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6. What are the risks involved with the proposed medical procedure or treatment?

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7. What are the risks/effects if the proposed medical procedure or treatment is not performed?

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**8. Will the procedure or treatment be performed under general or local anaesthetic?
You must include the associated risks.**

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9. When will the proposed medical procedure or treatment be performed? (eg; date)

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Name of Medical Practitioner performing procedure/providing treatment

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Signature

Date

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Please print, sign and send to guardians@ptg.gov.au