

Mental Health Act 1986

Sections 53B & 84

Local Hospital Patient Number:

Grid for Local Hospital Patient Number

Family Name:

Given Names:

Date of Birth: Sex:

Alias:

Mental Health Statewide Patient Number

Grid for Mental Health Statewide Patient Number

INFORMED CONSENT TO MAJOR NON-PSYCHIATRIC TREATMENT

Notes to completing this form

- Major non-psychiatric treatments are:
• Any surgery performed under a general or regional anaesthetic.
• The use of general or regional block anaesthetic for any purpose.
• Chemotherapy.
• Radiotherapy.
-where the primary purpose is not the treatment of a mental disorder or the effects of a mental disorder.

- The patient must be given:
• sufficient information about their medical condition and the proposed treatment to enable the person to make a balanced judgement whether to consent to the treatment or not.
• the opportunity to ask any questions about their medical condition and the treatment and to raise any other concerns and to have those questions and concerns answered.
• the patients' rights booklet Major Non-Psychiatric Treatment and had the information explained.
• a copy of this Informed Consent to Major Non-Psychiatric Treatment.

Form for patient details: GIVEN NAME/S, FAMILY NAME (BLOCK LETTERS) of patient, checkboxes for involuntary, security, forensic patient, patient of approved mental health service, Details of medical condition, Details of proposed major non-psychiatric treatment.

(1) Dr GIVEN NAME/S FAMILY NAME (BLOCK LETTERS) of doctor recommending treatment of: business address of doctor

- has recommended the above treatment to be an appropriate treatment for my medical condition.
(2) The doctor has explained the treatment and why it is an appropriate treatment for my condition.
(3) The doctor has explained the likely discomforts and risks associated with the treatment.
(4) The doctor has told me about any beneficial alternative treatments.
(5) I have been able to ask questions about the treatment and my medical condition and I have understood the answers.
(6) I have been given and had explained to me the patients' rights booklet Major Non-Psychiatric Treatment.
(7) I understand that I have the right to obtain legal and medical advice (including a second psychiatric opinion) and to be represented before giving consent.
(8) I understand that I am free to refuse the treatment or to withdraw my consent and to discontinue the treatment at any time.
(9) I have been told whether the person suggesting the treatment or the doctor who will perform the treatment has any financial relationship with the service, hospital or clinic where the treatment will be given.

I am the abovenamed patient and I consent to the proposed treatment. Signed: Date:

I certify that the abovenamed patient appeared capable of consenting to the treatment and signed this consent freely and voluntarily in my presence.

GIVEN NAME/S FAMILY NAME (BLOCK LETTERS) of witness Signed: Date:

I am the abovenamed doctor. I am of the opinion that the patient has understood the above information and can give informed consent to the proposed treatment. Signed: Date:

\* delete as necessary

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MHA 26 INFORMED CONSENT TO MAJOR NON-PSYCH TREATMENT