

Mental Health Act 1986

Section 85

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

SUBSTITUTE CONSENT TO NON-PSYCHIATRIC TREATMENT

Notes to completing this form

This form is for use when a patient is incapable of giving informed consent to a non-psychiatric treatment.

Adult Patients

For an adult patient, consent may be given by the first person listed opposite who is reasonably available, willing and able to make a decision about the proposed treatment.

Children & Adolescent Patients

For a patient under the age of 18 years, consent may be given by any of the persons listed opposite who is reasonably available, willing and able to make a decision about the proposed treatment.

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.

GIVEN NAME/S FAMILY NAME (BLOCK LETTERS) of patient

- an involuntary patient (please cross [x])
a security patient
a forensic patient

a patient of: approved mental health service

Details of medical condition and proposed non-psychiatric treatment:

- The proposed non-psychiatric treatment is a 'major non-psychiatric treatment'. (please cross [x] if the treatment is a major non-psychiatric treatment—see definition opposite.)

To be completed where the patient is over the age of 18 years

- (1A) I am a medical treatment agent under the Medical Treatment Act 1988.
I am a person appointed by VCAT to make decisions about the proposed treatment.
I am a guardian under the Guardianship and Administration Act 1986 with power to make decisions concerning the proposed treatment.
I am an enduring guardian under the Guardianship and Administration Act 1986 with power to make decisions concerning the proposed treatment.
I am the \*delegated/authorised psychiatrist of the approved mental health service. There is no agent or guardian who is reasonably available, willing and able to make the decision about the proposed treatment.

(please cross [x] one option only)

To be completed where the patient is under the age of 18 years

- (1B) I am a person with parental responsibility within the meaning of the Family Law Act 1975 (Cth).
I am a guardian appointed under a law.
I am a person under section 271 of the Children and Young Persons Act 1989 who can consent to the performance of the proposed treatment.
I am the \*delegated/authorised psychiatrist of the approved mental health service. There is no parent, guardian or custodian who is reasonably available, willing and able to make the decision about the proposed treatment.

(please cross [x] one option only)

- (2) I have discussed the proposed treatment with the treating doctor. I am satisfied that:
The patient is incapable of giving informed consent to the proposed treatment.
The treatment has clinical merit and is appropriate.
Having regard to any likely benefits, discomforts or risks, the treatment should be performed.
Any beneficial alternative treatments have been considered.
The treatment is in the best interests of the patient.

- (3) I consent to the proposed non-psychiatric treatment on behalf of the patient.

GIVEN NAME/S FAMILY NAME (BLOCK LETTERS) of \*delegated / authorised psychiatrist / other person giving consent on behalf of patient

Signed: Designation: Date:

Complete this section if the treatment is a major non-psychiatric treatment

- I am the \* delegated / authorised psychiatrist of the approved mental health service.
The patient's treatment plan has been reviewed, revised and discussed with the patient.
Details of the treatment have been entered in the major non-psychiatric treatment register. (please cross [x])

GIVEN NAME/S FAMILY NAME (BLOCK LETTERS) of \* delegated/ authorised psychiatrist

Signed: Date:

\* delete as necessary

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