



FAMILY NAME

MRN

GIVEN NAME

MALE FEMALE

Facility:

D.O.B. ____/____/____

M.O.

ADDRESS

APPLICATION FOR CONSENT TO SURGICAL OPERATION

LOCATION

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

To: The Director General
NSW Department of Health
Attention: Manager, Clinical Governance Unit
Fax to: Mental Health and Drug & Alcohol Office (fax 9391 9041)
(Original to medical record)

APPLICATION FOR CONSENT TO SURGICAL OPERATION

Section 1

I am an authorised medical officer of
(name of mental health facility)

This application is made in respect of
(full name of patient)

- who is:
- a voluntary patient (go to Section 2)
 - an involuntary patient (go to Section 3)
 - a forensic patient or correctional patient suffering from mental illness (go to Section 3)
 - a forensic patient or correctional patient not suffering from mental illness (go to Section 2)
- (tick one box only)

of this mental health facility.

The name of the proposed surgical operation is

Section 2

In order for the Director-General (or delegate) to provide consent for surgery for a voluntary patient or a forensic patient or correctional patient not suffering from a mental illness, it is necessary for the authorised medical officer to provide a report that addresses the following issues:

- On what basis have you formed the opinion that the patient is incapable of giving consent to the operation; and
- Why is it desirable, having regard to the interests of the patient, to perform the surgical operation on the patient.

Section 3

In order for the Director General (or delegate) to provide consent for surgery for an involuntary patient or a forensic patient or correctional patient suffering from a mental illness it is necessary for the authorised medical officer to provide a report that addresses the following issues:

- On what basis have you formed the opinion that the patient is:
 - incapable of giving consent to the operation; or
 - is capable of giving consent but has refused to give that consent; or
 - neither gives nor refuses to give that consent;
 (tick one box only)
- Why is it desirable, having regard to the interests of the patient, to perform the surgical operation on the patient.



SMR025225

Holes punched as per AS2828-1999
BINDING MARGIN - NO WRITING

NH606701 - 070611

APPLICATION FOR CONSENT TO SURGICAL OPERATION

SMR025.225

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Mental Health Facility Name

Patient's Name

Section 4

The primary carer of the patient was advised in writing on /20 that application would be made to the NSW Department of Health or to the Mental Health Review Tribunal for consent to performance of the surgical operation.

The primary carer has replied in writing on /20 indicating agreement to the performance of the surgical operation.

If this application is made within 14 days of the date of writing to the primary carer, the reason for the urgency of the circumstances is explained in a separate enclosure.

Section 5

The following documents are required as part of the application:

- A copy of the mental health facility's letter to the patient's primary carer;
- A copy of the primary carer's agreement in writing to the performance of the surgical operation (NOTE: the description of the surgical operation in the primary carer's agreement needs to be consistent with the description in the letter to the primary carer);
- A report signed by the authorised medical officer that addresses the issues raised in Section 2 or Section 3 above;
- If the application is for an involuntary patient, a copy of the current involuntary order of the Magistrate or Mental Health Review Tribunal; and
- A copy of any written advice from consultants in relation to the proposed surgical operation (this is not an essential requirement, but where such written advice exists it should be provided).

Signed

Name of authorised medical officer

Date /20

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