



FAMILY NAME

MRN

GIVEN NAME

MALE FEMALE

Facility:

D.O.B. ____/____/____

M.O.

ADDRESS

APPLICATION FOR CONSENT TO SURGICAL OPERATION - MENTAL HEALTH ACT

LOCATION

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

To: The Secretary
NSW Ministry of Health
Attention: Manager, Regulatory Services, Mental Health Branch
Email to: MentalHealthBranch@doh.health.nsw.gov.au (tel: 9461 7668)

APPLICATION FOR CONSENT TO SURGICAL OPERATION - MENTAL HEALTH ACT MENTAL HEALTH ACT 2007 Section 100

A copy of this form must be placed in the patient's health record.

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 an involuntary patient (this includes a forensic patient or correctional patient) of this mental health facility.

The name of the proposed surgical operation is
.....

Section 2

In order for the Secretary (or delegate) to provide consent for surgery for an involuntary patient, 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.



SMR025225

Holes Punched as per AS2828.1: 2012
BINDING MARGIN - NO WRITING

NH608701A 090418

APPLICATION FOR CONSENT TO SURGICAL OPERATION - MENTAL HEALTH ACT

SMR025.225



FAMILY NAME		MRN
GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____ / ____ / ____		M.O.
ADDRESS		
LOCATION		

Facility:

APPLICATION FOR CONSENT TO SURGICAL OPERATION - MENTAL HEALTH ACT

Mental Health Facility Name

Patient's Name

Section 3

The designated carer of the patient was advised in writing on / / that an application would be made to the NSW Ministry of Health or to the Mental Health Review Tribunal for consent to perform the surgical operation.

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

If this application is made within 14 days of the date of writing to the designated carer, the reason for the urgency of the circumstances needs to be explained in the authorised medical officer's report. Alternatively, the authorised medical officer can seek agreement from the designated carer that they do not object to the application being made to the Secretary within 14 days.

Section 4

The following documents are required as part of the application:

- A copy of the mental health facility's letter to the patient's designated carer;
- A copy of the designated carer's agreement in writing to the performance of the surgical operation (NOTE: the description of the surgical operation in the designated carer's agreement needs to be consistent with the description in the letter to the designated carer);
- A report signed by the authorised medical officer that addresses the issues raised in Section 2 above;
- A copy of the current involuntary patient order (or forensic/correctional patient order) of 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).

IMPORTANT INFORMATION

Please note that an authorised medical officer must take all reasonably practicable steps to notify any designated carer and principal care provider for consent to perform the surgical operation in accordance with Mental Health Act section 78.

Print name Designation

Signature Date / /

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