

6. PATIENTS CONDITION

What is the **condition** requiring treatment? _____

7. PROPOSED TREATMENT

DATE: _____ TIME: _____

What is the **proposed treatment** (including dosage if applicable)? _____

For what **period of time** is consent requested? _____

Does the treatment involve any **significant risk or side effects**? If so, what are they?

8. Are there reasonable alternative treatments for the condition? If so, please list them and describe any associated risks and side effects and briefly explain why the proposed treatment is preferred.

What are the likely consequences of not carrying out the proposed treatment? _____

What other treatment/medication (& dosage) is the patient receiving? _____

NAME OF PERSON COMPLETING FORM: _____

SIGNATURE: _____ DATE: _____

Office use only

Does the Public Guardian have the authority to override objections under Section 46(a)? **YES []** **NO []**

Are there any relevant previous applications?

Date(s): _____ Details: _____

I hereby consent to the treatment specified (7) above of the application by _____

being provided to patient _____

Conditions (if relevant): _____

Signature _____ (for the Public Guardian)

Name (in print) _____ Date: _____