

<b>Referrer Name</b>	
<b>Referrer details</b> (incl. email, role and organisation)	
<b>Patient Name</b>	
<b>Patient Address</b>	
<b>Telephone number</b>	
<b>Best contact person/number</b>	
<b>Patient Date of Birth</b>	
<b>Patient Medicare number</b>	
<b>Is the patient of Aboriginal but not Torres Straight Islander Background?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Is the patient of Torres Straight Islander but not Aboriginal Background?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>In which country was the patient born?</b>	
<b>Is the patient of a <u>Non English Speaking Background?</u> (NESB)</b>	YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, what is the patient's first language? _____
<b>If a consultation is recommended, is an interpreter, or other assistance with communication required at the consultation?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>

<p><b>Medical Treatment Decision Maker</b></p> <p>The medical treatment decision maker for a person is the first person, 18 years of age or older, in the list below. They must be reasonably available and willing and able to make the decision. Where there are two or more relatives who are first on this list, the eldest is the medical treatment decision maker. <b>PLEASE TICK THE APPROPRIATE BOX:</b></p> <p><input type="checkbox"/> The person's legally appointed medical treatment decision maker</p> <p><input type="checkbox"/> A guardian appointed by the Victorian Civil and Administrative Tribunal to make decisions about medical treatment for the person</p> <p><input type="checkbox"/> The first of the following people who is in a close and continuing relationship with the person:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> the person's spouse or domestic partner</li> <li><input type="checkbox"/> the person's primary carer (<i>An unpaid adult who has principal responsibility for the person's care</i>)</li> <li><input type="checkbox"/> an adult child of the person</li> <li><input type="checkbox"/> a parent of the person</li> <li><input type="checkbox"/> an adult sibling of the person.</li> </ul> <p>Note: Appointments made before the Medical Treatment Planning and Decisions Act commenced on 12 March 2018 are valid.</p>	<p>Name:</p> <p>Address:</p> <p>Phone:</p> <p>Email:</p> <p>Has the MTDM been notified of the appointment? Yes                      No</p> <p>If 'No', we ask that you notify the MTDM ASAP.</p> <p><b>If there is a legally appointed Medical Treatment Decision Maker, or a VCAT Guardian, please provide us with documentation to confirm it.</b></p>
<p><b>Name address, phone number and email of GP</b></p>	
<p><b>Reason for referral</b></p>	