APPLICATION FOR CONSENT TO SURGICAL OPERATION

MENTAL HEALTH ACT 2007
Section 100

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.
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 ........ / ........ / ...........