

* **Note:** This form is for second and subsequent health care referral for clients whom the Public Trustee has already established jurisdiction and previously consented to an overall plan of care. Initial referrals for health care *must* be made using the Request for Decision – Health Care, Home Care and Placement Form. Please contact the Health Care Decisions Division at (902) 424-4454 if you require assistance.

Give client information

Client's Full Name: _____ Health card #: _____

Facility: _____ Admission date: _____

Give information about this request for consent

Medical diagnoses or health problems which are relevant to this request: _____

What are you requesting? Please complete page 2 if medications are included in this request _____

Benefits _____

Risks _____

What are the risks of refusing this treatment? _____

Is there a less restrictive or intrusive option available that would give the same benefit but is less risky than this option? Explain.

Supporting Please check if attaching existing documentation that would support this request (e.g. report, notes, care/service plan) ☐

Sign the request

By signing below, I verify that this client lacks the capacity to make an informed decision about the proposed health care and that the Form 1- Assessment of Capacity to Make Decisions about a Personal Care Matter (PDA) previously submitted remains valid. I also verify that no higher-ranked statutory decision maker has been identified since the last referral.

Completed by (Print): _____ Signature: _____

Date: _____ Phone: _____ Fax: _____

Complete this page if this request includes medications

Client name: _____ Date: _____

Medication	Dose, Frequency, Route
Purpose	
Risks and possible side effects:	
Is there an alternative that would give the benefit but that is not as risky?	
Has the client taken this medication before? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, how did it work?	
What would happen if consent refused?	

Medication	Dose, Frequency, Route
Purpose	
Risks and possible side effects:	
Is there an alternative that would give the benefit but that is not as risky?	
Has the client taken this medication before? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, how did it work?	
What would happen if consent is refused?	

Medication	Dose, Frequency, Route
Purpose	
Risks and possible side effects:	
Is there an alternative that would give the benefit but that is not as risky?	
Has the client taken this medication before? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, how did it work?	
What would happen if consent is refused?	

Medication	Dose, Frequency, Route
Purpose	
Risks and possible side effects:	
Is there an alternative that would give the benefit but that is not as risky?	
Has the client taken this medication before? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, how did it work?	
What would happen if consent is refused?	

Medication	Dose, Frequency, Route
Purpose	
Risks and possible side effects:	
Is there an alternative that would give the benefit but that is not as risky?	
Has the client taken this medication before? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, how did it work?	
What would happen if consent is refused?	