		FAMILY NAME	MRN
		GIVEN NAME	
	GOVERNMENT Health Facility:	D.O.B/ / M.O.	'
		ADDRESS	
	NSW RHEUMATIC HEART		
	DISEASE REGISTER CONSENT	LOCATION / WARD	
	(For parents/guardians of patients less than 16 years of age)	COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE	
	Provision of information to parent/guardian To be completed by the health care practitioner		
SMR020163	I have discussed the rationale and implications of enrolling in the NSW Rheumatic Heart Disease (RHD) Register in a way the patient's parent/guardian understands and I am satisfied the parent/guardian has been provided with sufficient information to provide a valid consent noting that:		
SMR	 the patient's parent/guardian has been provided with information in a way that they understand and appropriate communication aids provided where necessary e.g. interpreter; 		
	 the patient's parent/guardian has been given information about rheumatic fever and rheumatic heart disease; 		
	 the patient's parent/guardian has had the opportunity to seek further information and appropriate explanations have been provided. 		
	Verbal consent should only be relied on where the patient's parent/guardian does not wish to sign but wishes the patient to be included on the NSW RHD Register.		
	The patient's parent/guardian has provided verbal consent to include the patient on the NSW RHD Register.		
0 10	 The patient's parent/guardian agrees to include the patient on the NSW RHD Register and agrees to their health information being used and disclosed for the purpose of the NSW RHD Register. I have documented their verbal consent on their medical record and it will be noted on the NSW RHD Register. 		
as per AS2828.1: 2012 RGIN - NO WRITING	Name of Health Care Practitioner:	Designation:	
	Phone: Email:		
AS28	Interpreter Present: Yes No		
as per RGIN			
as pe 3GIN	Name of Interpreter		/: ie Time
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