	FAMILY NAME		MRN
NSW SOVERMENT Health	GIVEN NAME		☐ MALE ☐ FEMALE
overnment Health Facility:	D.O.B//	M.O.	
	ADDRESS		
PROCEDURE / TREATMENT			
REFUSAL ACKNOWLEDGEMENT	LOCATION / WARD		
(PATIENT WITH CAPACITY)	COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		
Refusal to follow To be used in conjunction with loca	w clinical recommendational procedure and the NSW Health		anual
PROVISION OF INFORMATION TO PATIENT	To be completed by most s	senior avail	able Health Practition
I,	consider	this patient	has the decision makir
capacity to refuse the proposed treatment and I have	discussed with this patient the nat		
I have informed this patient of the matters as detailed	below including the proposed trea	atment, its n	nature and likely results
I have also discussed with the patient the material risks and	d the possible consequences of refus	ing the treats	nent (must be sempleted
Thave also discussed with the patient the material risks and	a the possible consequences of refusi	ing the treati	nent (mast be completed
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SIGNATURE OF MOST SENIOR AVAILABLE HE			DATE TIME
SIGNATURE OF MOST SENIOR AVAILABLE HE	EALTH PRACTITIONER		DATE TIME
SIGNATURE OF MOST SENIOR AVAILABLE HE Interpreter*	EALTH PRACTITIONER		DATE TIME
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Interpreter*	LATH PRACTITIONER /20 NATURE DATE o refuse treatment, or there may be used, escalate to a more senior col	TIME pe serious colleague, or s	Emp ID/Prov No. onsequences for a min seek legal advice.
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If the patient refuses to sign the form, place the partially completed form in the health care record and document in the progress/clinical notes.

* Delete where not applicable

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BINDING MARGIN - NO WRITING Holes Punched as per AS2828.1: 2012

NO WRITING

Page 1 of 1