



# Section 42M Form

## Statement of Intent of Registered Practitioner to Provide Medical or Dental Treatment

### About this form

As stated under Section 42L and 42M of the *Guardianship and Administration Act 1986*, the registered practitioner must complete the following details and give this form to the person responsible if the practitioner wishes to provide the medical or dental treatment even though the person responsible does not consent.

Name of patient	
Date of birth	
Nature of patient's disability	
How did you determine that the patient is unable to consent to the treatment?	
Name of person responsible	
Address of the person responsible	
Telephone number of the person responsible	(    )

I have previously informed you, the person responsible, about the nature of the patient's condition to an extent that would be sufficient to enable the patient, if he or she were able to consent, to decide whether or not to consent to the proposed treatment generally or to treatment of a particular kind for that condition.

You have not consented to the proposed treatment.

I believe on reasonable grounds that the proposed treatment is in the best interests of the patient.

Unless you apply to the Victorian Civil Administrative Tribunal (VCAT) Guardianship List, and VCAT otherwise orders, I intend, not earlier than seven days from when you receive this statement, to carry out the proposed treatment on the patient.

Please provide details of information provided to the responsible person	
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In connection with the patient's best interests, please specifically address the matters listed below:

a) Nature of the patient's medical condition	
b) Details of the proposed procedure	
c) What are the wishes of the patient in relation to the proposed procedure?	
d) What consequences would there be to the patient if the treatment were not carried out?	
e) What alternative treatment (if any) is available and why is that not considered to be appropriate?	
f) The nature and degree of any significant risks associated with the proposed treatment or any alternative treatment	

Name of Registered Practitioner (block capitals)	
Signature of Registered Practitioner	
Address	
Contact numbers	Phone: (    ) Fax:    (    )
Today's date	

**Fax this form to the Office of the Public Advocate on 1300 787 510 and provide a copy to the responsible person.**

Note: The above fax number is only checked Monday to Friday between 9am-5pm. If faxed outside of these hours it will not be attended to until the next working day. If the matter is urgent outside office hours, call 1300 309 337.

**To apply to the Victorian Civil and Administrative Tribunal (VCAT), Guardianship List**

To apply for a hearing at VCAT, telephone (03) 9628 9911 and ask for an application form. Alternatively, you can pick up an application form at VCAT or download the form from [www.vcat.vic.gov.au](http://www.vcat.vic.gov.au) or [www.publicadvocate.vic.gov.au](http://www.publicadvocate.vic.gov.au). VCAT is located at 55 King Street, Melbourne. Complete the application form and lodge the completed form with VCAT.