

# Voluntary assisted dying process overview

## Guidance for authorised practitioners

Process step	Approved forms			Information to be provided		Mandatory documentation in the medical record
	Approved form name	Completed / submitted by	Timeframe* for submission**	Mandatory	Optional	
First request	N/A	N/A	N/A	<ul style="list-style-type: none"> <li><a href="#">First request accepted information</a></li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Refusing the first request - Voluntary assisted dying</a></li> <li><a href="#">Quick reference guide - voluntary assisted dying</a></li> <li><a href="#">Process overview</a></li> </ul>	Medical practitioner who receives a first request: <ul style="list-style-type: none"> <li>first request received</li> <li>decision to accept or refuse</li> <li>if refusal, reason and steps taken to comply with legislative obligations</li> <li>if accepted, the date on which patient is given the <a href="#">First request accepted information</a></li> </ul>
First assessment	<b>Form 1</b> <i>First Assessment Record Form</i>	Coordinating practitioner	2 business days after first assessment	<ul style="list-style-type: none"> <li>Information as per <a href="#">checklist</a></li> <li>Completed <b>Form 1</b></li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Information for people assessed as eligible</a></li> <li><a href="#">Information for people assessed as ineligible</a></li> </ul>	N/A
Consulting assessment	<b>Form 2</b> <i>Consulting Assessment – Referral Acceptance or Refusal Form</i>	Medical practitioner who receives a referral to act as consulting practitioner	2 business days after referral acceptance / refusal	N/A	N/A	Medical practitioner who receives a consulting assessment referral: <ul style="list-style-type: none"> <li>consulting assessment referral received</li> <li>decision to accept or refuse</li> <li>reason for refusal (if applicable)</li> </ul>
	<b>Form 3</b> <i>Consulting Assessment Record Form</i>	Consulting practitioner	2 business days after consulting assessment	<ul style="list-style-type: none"> <li>Information as per <a href="#">checklist</a></li> <li>Completed <b>Form 3</b></li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Information for people assessed as eligible</a></li> <li><a href="#">Information for people assessed as ineligible</a></li> </ul>	N/A
Second request	<b>Form 4</b> <i>Second Request Form</i>	Signed by patient and two witnesses Submitted by coordinating practitioner	2 business days after receiving Form 4	<ul style="list-style-type: none"> <li>Pre-filled <b>Form 4 – print in advance</b></li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Choosing a second request witness</a></li> <li><a href="#">Being a second request witness</a></li> <li><a href="#">Second request witness checklist</a></li> </ul>	Coordinating practitioner: <ul style="list-style-type: none"> <li>date of second request</li> <li>date second request received</li> </ul>
Final request	<b>Form 5</b> <i>Final Request Form</i>	Coordinating practitioner	2 business days after final request	N/A	N/A	Coordinating practitioner: <ul style="list-style-type: none"> <li>date of final request</li> <li>if final request made before end of 9-day period – the reason</li> </ul>
Final review	<b>Form 6</b> <i>Final Review Form</i>	Coordinating practitioner	2 business days after final review	<ul style="list-style-type: none"> <li>Completed <b>Form 6</b></li> </ul>	N/A	N/A

\* Two business days is calculated commencing from the day after a step is completed, e.g., if a step is completed on a Monday, the relevant form must be submitted by 11:59pm on Wednesday

\*\* Submission is via [QVAD Review Board IMS](#)

Process step	Approved forms			Information to be provided		Mandatory documentation in the medical record
	Approved form name	Completed / submitted by	Timeframe for submission	Mandatory	Optional	
Administration decision	N/A	N/A	N/A	<ul style="list-style-type: none"> <li>Substance information sheets – on <b>USB</b></li> </ul>	N/A	Coordinating practitioner: <ul style="list-style-type: none"> <li>administration decision</li> </ul>
	<b>Form 10</b> <i>Revocation of Administration Decision</i>	Coordinating practitioner (self-admin decision revocation) or administering practitioner (practitioner admin decision revocation)	2 business days after administration decision revocation	N/A	N/A	Coordinating or administering practitioner who is informed of the revocation: <ul style="list-style-type: none"> <li>administration decision was revoked</li> </ul>
Contact person appointment	<b>Form 8</b> <i>Contact Person Appointment Form</i>	Signed by patient and contact person Submitted by coordinating practitioner	2 business days after receiving Form 8	<ul style="list-style-type: none"> <li>Pre-filled <b>Form 8 – print in advance</b></li> <li>Contact person information (self-admin decision) – provided by <b>Review Board</b></li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Choosing your contact person</a></li> <li><a href="#">Being a contact person</a></li> <li><a href="#">Contact person checklist</a></li> </ul>	N/A
Prescription	<b>Form 9</b> <i>Administration Decision and Prescription Form</i>	Coordinating practitioner	2 business days after prescribing	N/A	N/A	N/A
Supply	<b>Form 13</b> <i>Authorised Supply Form</i>	Authorised supplier (pharmacist)	2 business days after substance supply	<ul style="list-style-type: none"> <li>Patient Information Booklet / Practitioner Information Sheet – provided by <b>QVAD SPS</b></li> </ul>	N/A	N/A
Administration	<b>Form 11</b> <i>Practitioner Administration Form</i>	Signed by administering practitioner and witness – <b>print in advance</b> Submitted by administering practitioner	2 business days after administration	N/A	<ul style="list-style-type: none"> <li><a href="#">Choosing a practitioner administration witness</a></li> <li><a href="#">Being a practitioner administration witness</a></li> <li><a href="#">Practitioner administration witness checklist</a></li> </ul>	N/A
Disposal	<b>Form 14</b> <i>Authorised Disposal Form</i>	Authorised disposer (pharmacist)	2 business days after substance disposal	N/A	N/A	N/A
	<b>Form 15</b> <i>Practitioner Disposal Form</i>	Administering practitioner	2 business days after substance disposal	N/A	N/A	N/A
Death notification	<b>Form 16</b> <i>Notification of Death – Coordinating Practitioner / Administering Practitioner</i>	Coordinating practitioner / administering practitioner	2 business days after becoming aware of death	N/A	<ul style="list-style-type: none"> <li><a href="#">When someone dies: A guide for family and friends of a person who has chosen voluntary assisted dying</a></li> </ul>	N/A
	<b>Form 17</b> <i>Notification of Death – Other Medical Practitioner</i>	Medical practitioner (other than coordinating / administering practitioner) who completes cause of death certificate	2 business days after becoming aware of death	N/A	N/A	N/A
Role transfers	<b>Form 7</b> <i>Coordinating Practitioner Transfer Form</i>	Original coordinating practitioner	2 business days after practitioner accepts role	N/A	N/A	Original coordinating practitioner: <ul style="list-style-type: none"> <li>transfer of the role (if accepted)</li> </ul>
	<b>Form 12</b> <i>Administering Practitioner Transfer Form</i>	Original administering practitioner	2 business days after practitioner accepts role	N/A	N/A	Original administering practitioner: <ul style="list-style-type: none"> <li>transfer of the role (if accepted)</li> </ul>