Queensland Government

Voluntary Assisted Dying

Referral for Determination

Facility: .....

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

Referral to

Name:	
Designation:	Organisation:
Address:	
Email address:	
Phone number:	Fax number:

Referral information

Reason for referral:
To seek your assessment and determination on one or more criteria related to the patient's eligibility to access voluntary assisted dying in accordance with the *Voluntary Assisted Dying Act 2021* (the Act).

VAD person ID (if known):

Eligibility criteria

Select all that apply	Who can accept the referral and undertake the assessment under the Act
☐ **Diagnosis** – the disease, illness or medical condition is advanced, progressive and will cause death ☐ **Prognosis** – the disease, illness or medical condition is expected to cause death within 12 months ☐ **Suffering** – the disease, illness or medical condition is causing suffering that the person considers intolerable ☐ **Decision-making capacity in relation to voluntary assisted dying** – the person is capable of: • understanding the nature and effect of decisions about access to voluntary assisted dying; • freely and voluntarily making decisions about access to voluntary assisted dying; and • communicating a voluntary assisted dying decision in some way.	Any **registered health practitioner** who has appropriate skills and training to determine the matter.
☐ **Voluntariness** – whether the person is acting voluntarily and without coercion	Any person who **has appropriate skills and training** to determine the matter.

Relevant information about the person requesting to access voluntary assisted dying

This should include details (if known) of:
- the eligible diagnosis and its prognosis
- other relevant medical history including comorbidities and medication history
- treatment options accepted or refused by the person and expected outcomes
- relevant family, psychological, social, cultural, and spiritual factors
- communication and support needs of the person.

(Attach additional information if required)

DO NOT WRITE IN THIS BINDING MARGIN

VAD – REFERRAL FOR DETERMINATION

v1.00 - 11/2022

SW1190

Queensland Government

Voluntary Assisted Dying

Referral for Determination

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

Relevant information about the person requesting to access voluntary assisted dying *(continued)*

Important additional information

If you **accept** this referral, you are confirming the following:

- you are not a family member of the person—including their spouse, parent, grandparent, sibling, child, or grandchild
- you are not a person who, under Aboriginal or Torres Strait Island custom, is regarded as a person mentioned above in relation to the person accessing dying
- you do not know or believe you are a beneficiary under the person's will
- you do not know or believe you may otherwise benefit financially or in any other material way from the person's death (other than receiving reasonable fees for the provision of services related to the referral)
- you will complete this assessment for determination **as soon as practicable** as per the Act.

Please note:

- you do not need to be an authorised voluntary assisted dying practitioner to accept this referral
- you do not need to undertake any prior training related to voluntary assisted dying, but may choose to complete the healthcare worker online education
- you can choose how to provide the outcome of the assessment for determination to the coordinating practitioner or consulting practitioner.

NB: *Optional use of template* – To ensure the requirements of the Act are met, it is recommended the response and assessment (if referral accepted) are provided in the *Determination Assessment Report (SW1191)* template.

If you **refuse** this referral, inform the referring practitioner as soon as practicable. This will ensure another referral for determination can be made in a timely manner.

More information:

- Queensland Health Voluntary Assisted Dying website (www.health.qld.gov.au/vad)
- *Voluntary Assisted Dying Act 2021* (Qld) (www.legislation.qld.gov.au/view/html/asmade/act-2021-017)
- Queensland Voluntary Assisted Dying Healthcare Worker Education (https://ilearn.health.qld.gov.au/d2l/home/70259)

Referrer details (coordinating or consulting practitioner)

Name:	
Designation:	Organisation:
Address:	
Email address:	
Phone number:	Fax number:
Signature	Date:

DO NOT WRITE IN THIS BINDING MARGIN