



Queensland
Government

Voluntary Assisted Dying
**Voluntary Assisted Dying
Referral**

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

Referral to

QVAD-Support via:

Fax: (.....) Other (specify):

Specific practitioner or VAD service – complete below

Name:

Designation:

Organisation:

Address:

Email address:

Phone number:

Fax number:

More information:

- “Becoming an authorised voluntary assisted dying practitioner” (www.health.qld.gov.au/vad)

Referral information

Reason for referral:

- Person requests information about voluntary assisted dying
- Person wants to make a first request for voluntary assisted dying
- Other (specify):

Important information

- This referral template is optional. You can choose to use this template or your usual referral process.
- If you are a registered health practitioner or speech pathologist and someone asks you about voluntary assisted dying and you conscientiously object, you have specific obligations under the *Voluntary Assisted Dying Act 2021*. More information about these obligations is available at www.health.qld.gov.au/vad.
- Medical practitioners have additional obligations if they receive a valid first request. These steps are outlined in:
 - “How to respond to a first request” flowchart on page 2 of this form
 - “Legal obligations for all medical practitioners” on the Queensland Health Voluntary Assisted Dying website (www.health.qld.gov.au/vad)
- A first request is when a person makes a clear and unambiguous request to a medical practitioner for access to voluntary assisted dying.
- Use of this form can help to meet these obligations.

Relevant information about the person requesting to access voluntary assisted dying

Attach additional information if required.

Large empty box for attaching additional information.

DO NOT WRITE IN THIS BINDING MARGIN

v1.00 - 11/2022



SW1193

VAD – VOLUNTARY ASSISTED DYING REFERRAL



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URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

Referrer details

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

How to respond to a first request

Person makes a first request (a clear, unambiguous request for assistance to die through access to voluntary assisted dying)

Medical practitioner decides to accept or refuse the request

- Medical practitioners who receive a first request **must** follow the steps below to comply with the Act.
- Medical practitioners do not need to have completed the mandatory training to accept a first request. The medical practitioner must complete the mandatory training before starting the first assessment.
- The medical practitioner must refuse the first request if ineligible to act as a coordinating practitioner.

ACCEPT

1
Within two business days.
Inform the person of the decision.

2
At the time of informing the person of their decision, give the person:
Approved voluntary assisted dying first request information.

3
Record in the person's medical record:

- the person made a first request
- the medical practitioner's decision to accept
- the date on which the person was given the approved information.

The medical practitioner is now the person's coordinating practitioner.

REFUSE

Refusal due to conscientious objection.
Immediately inform the person of the reason for refusing the first request.

Refusal due to any other reason – for example: unavailable, unable, ineligible.
Inform the person of the refusal and reason **within two business days** of the request being made.

At the time of informing the person of their decision to refuse the first request:

- inform the person that another registered health practitioner, provider or service may be able to assist with the person's request; and
- give the person:
 - information about a registered health practitioner, provider or service who is likely to be able to assist the person with the person's request; or
 - the Queensland Voluntary Assisted Dying Support Service (QVAD-Support) contact details.

Record in the person's medical record:

- the person made a first request
- the medical practitioner's decision to refuse
- the medical practitioner's reason for the refusal
- the steps taken at the time of informing the person of their decision to refuse the first request.

DO NOT WRITE IN THIS BINDING MARGIN