



Queensland  
Government

Voluntary Assisted Dying  
**Consulting Assessment  
Referral**

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:

**Important information**

- Under the *Voluntary Assisted Dying Act 2021*, a medical practitioner **must** complete certain steps when they refuse or accept a referral for a consulting assessment.
- If the medical practitioner has a conscientious objection to voluntary assisted dying, they must inform the person and coordinating practitioner that they refuse the referral, and the reason for the decision, **immediately after** this referral form is received.
- In other cases, the medical practitioner must inform the person and the coordinating practitioner of their acceptance or refusal of the referral within **two business days** after this referral form is received. If the referral is refused, the medical practitioner must provide the reason for the decision.
- As soon as practicable, the medical practitioner receiving the referral must record in the person's medical record:
  - that the consulting assessment referral form was received
  - their decision to refuse (including the reason) or accept the referral.
- Within **two business days** of accepting or refusing this referral, the medical practitioner **must** complete the *Consulting Assessment – Referral Acceptance or Refusal* form via the [Queensland Voluntary Assisted Dying Review Board Information Management System \(QVAD Review Board IMS\)](#).

**More information is available online from the Queensland Health Voluntary Assisted Dying website:**

[www.health.qld.gov.au/vad](http://www.health.qld.gov.au/vad)

**Referral information**

**Reason for referral:**

To seek a consulting assessment to determine eligibility to access voluntary assisted dying in accordance with the *Voluntary Assisted Dying Act 2021*.

VAD person ID (if known):

To access voluntary assisted dying, a person must be assessed as eligible by two medical practitioners – the coordinating practitioner and the consulting practitioner.

The medical practitioner is not required to be an authorised voluntary assisted dying practitioner to accept the consulting assessment referral. However, the medical practitioner must become an authorised voluntary assisted dying practitioner **before** conducting the consulting assessment.

**More information:**

- “Becoming an authorised voluntary assisted dying practitioner” ([www.health.qld.gov.au/vad](http://www.health.qld.gov.au/vad))
- Submit an application to become an authorised practitioner (<https://qvad-ims.health.qld.gov.au/>)

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

Attach additional information if required.

DO NOT WRITE IN THIS BINDING MARGIN

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VAD – CONSULTING ASSESSMENT REFERRAL



**Queensland  
Government**

Voluntary Assisted Dying  
**Consulting Assessment  
Referral**

(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)**

Attach additional information if required.

**Referrer details (coordinating practitioner)**

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

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