AUSTRALIAN FASD DIAGNOSTIC ASSESSMENT CONSENT FORM

Name of person undergoing	
diagnostic assessment	
Date of birth (Day/Month/Year)	/ /
I am legally responsible for the pers diagnostic assessment because:	on named above and have the authority to consent to the
☐ I am his/her PARE	NT
· · · · · · · · · · · · · · · · · · ·	ostic assessment process to me and my child and any questions I to our satisfaction. The doctor has explained that she/he may he assessment.
\square I consent to a pho	oto of my child being taken as part of the assessment.
L	consent to this diagnostic assessment
Give Names	Surname
on behalf of my child	
	Given names Surname
Signature of parent/legal guardian:	
Date:	(Day/Month/Year)
l,	s full name
Doctor	o iun Haine
have explained the diagnostic asses understood and gave informed cons	sment process to the signatory above who stated that he/she sent on behalf of his/her child.
Signature of doctor:	
Date:	(Day/Month/Year)

A copy of the signed consent form to be given to the parent/legal guardian

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Name of person undergoing diagnostic assessment	
Date of birth (Day/Month/Year)	/ /
-	ostic assessment process to me and any questions I have asked tion. The doctor has explained that she/he may take my photo
☐ I consent to my	photo being taken as part of the assessment.
I,Give Names	consent to this diagnostic assessment
Signature:	
Date:	(Day/Month/Year)
l,	
Doctor	rs full name
have explained the diagnostic asses understood and gave informed cons	sment process to the signatory above who stated that he/she sent
Signature of doctor:	
Date:	(Day/Month/Year)

A copy of the signed consent form to be given to the signatory.