AUSTRALIAN FASD DIAGNOSTIC ASSESSMENT CONSENT FORM

Name of person undergoing diagnostic assessment	
Date of birth (Day/Month/Year)	/ /

I am legally responsible for the person named above and have the authority to consent to the diagnostic assessment because:

☐ I am his/her PARENT ☐ I am his/her LEGAL GUARDIAN

The doctor has explained the diagnostic assessment process to me and my child and any questions we have asked have been answered to our satisfaction. The doctor has explained that she/he may take a photo of my child as part of the assessment.

☐ I consent to a photo of my child being taken as part of the assessment.

I, _____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)

I, _____
Doctors full name

have explained the diagnostic assessment process to the signatory above who stated that he/she understood and gave informed consent 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

AUSTRALIAN FASD DIAGNOSTIC ASSESSMENT CONSENT FORM

Name of person undergoing diagnostic assessment	
Date of birth (Day/Month/Year)	/ /

The doctor has explained the diagnostic assessment process to me and any questions I have asked have been answered to my satisfaction. The doctor has explained that she/he may take my photo as part of the assessment.

☐ I consent to my photo being taken as part of the assessment.

I, _____consent to this diagnostic assessment
Give Names Surname

Signature: _____

Date: _____ (Day/Month/Year)

I, _____
Doctors full name

have explained the diagnostic assessment process to the signatory above who stated that he/she understood and gave informed consent

Signature of doctor: _____

Date: _____ (Day/Month/Year)

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