Appendix A5: Australian FASD Diagnostic Assessment Consent Form

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.

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,				
	Doctors full name			
	stic assessment process to the s med consent on behalf of his/he	ignatory above who stated that he/she er child.		
Signature of doctor:				
Date:	(Day/Month/Year)			
A copy of the	signed consent form to be giver	n 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.

		consent to my ph	noto being ta	ken as part of the assessment.
I,				consent to this diagnostic assessment
	Give Name	25	Surname	
Signature:				
Date:				_ (Day/Month/Year)
I,				
		Doctors f	ull name	
-		iagnostic assessm informed conser	-	to the signatory above who stated that he/she
Signature o	of doctor:			
Date:				_ (Day/Month/Year)

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