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.

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**

<table>
<thead>
<tr>
<th>Name of person undergoing diagnostic assessment</th>
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<tbody>
<tr>
<td>Date of birth (Day/Month/Year)</td>
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</tbody>
</table>

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.