



Health

FAMILY NAME

MRN

GIVEN NAMES

MALE  FEMALE

Facility:

D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

M.O.

ADDRESS

**DECISION OF DESIGNATED CARER  
IN RESPECT OF PROPOSED  
SURGICAL OPERATION**

LOCATION

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

**MENTAL HEALTH ACT 2007  
Sections 100 and 101**

**Decision of Designated Carer in respect of proposed Surgical Operation**

I am the designated carer for .....  
(patient's full name)

who is a patient in .....  
(name of mental health facility)

I have been advised that it is the opinion of an authorised medical officer that it is desirable and in the best interests of the patient for him/her to have the operation called

.....  
(medical name of procedure)

The procedure has been explained to me. I have had the opportunity to ask questions and I am satisfied with the explanation and the answer to my questions.

- I agree to the proposed operation
- I do not agree to the proposed operation

(Tick one box only)

The application to the Ministry or Tribunal for surgical consent, must not be earlier than 14 days after the notification to you unless:

- The authorised medical officer is of the opinion that the urgency of the circumstances requires an earlier determination; or
- If you, as a designated carer, do not object to the application being made earlier.

Please indicate below whether you object or do not object to the application being made in less than 14 days from the date of the attached notification to you.

- I object
- I do not object

(Tick one box only)

Print name .....

Signature ..... Date ..... / ..... / .....

Please return as soon as possible to .....  
(name)

.....  
(mental health facility)

.....  
(address)



SMR025165

Holes Punched as per AS2828.1: 2012  
BINDING MARGIN - NO WRITING

NH606705A 140815

DECISION OF DESIGNATED CARER IN RESPECT  
OF PROPOSED SURGICAL OPERATION

SMR025.165