



Additional Student Consent for Intimate Procedures

Adult (18 years and over)

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

A. Does the patient have capacity?

- Yes → **GO TO** section B
- No → **COMPLETE** section A

You must adhere to the Advance Health Directive (AHD), or if there is no AHD, the consent obtained from a substitute decision-maker in the following order: Category 1. Tribunal-appointed guardian; 2. Enduring Power of Attorney; or 3. Statutory Health Attorney.

Name of substitute decision-maker:

Category of substitute decision-maker:

B. Previous consent

You have already signed a consent form for your procedure. This additional consent form asks you to consent to a clinical student(s) observing/assisting and/or conducting intimate examination(s) or procedure(s) for education purposes.

An intimate procedure relates to a procedure that is in an intimate area, usually the breasts, genitalia or an internal examination (vaginal or rectal). The patient's cultural values and beliefs may also determine what is considered intimate.

C. Student examination/procedure for professional training purposes

For the purpose of undertaking training, a clinical student(s) may observe medical examination(s) or procedure(s) and may also, subject to your consent, assist with/conduct an examination or procedure on a patient while the patient is under anaesthetic.

I/substitute decision-maker consent to a clinical student(s) undergoing training to:

- observe examination(s)/procedure(s) Yes No
- assist with examination(s)/procedure(s) Yes No
- conduct examination(s)/procedure(s) Yes No

Patient/substitute decision-maker consent

Name of patient/substitute decision-maker:

Signature:

Date:

D. Information for the doctor/clinician

I have explained to the patient/substitute decision-maker this additional information and I am of the opinion that it has been understood.

Name of doctor/clinician:

Designation:

Signature:

Date:

ADDITIONAL STUDENT CONSENT FOR INTIMATE PROCEDURES