Department of Health

GOVERNMENT OF WESTERN AUSTRALIA

Voluntary assisted dying in Western Australia

How to fill in a Contact Person Appointment Form

- These instructions will help you understand which parts of the Contact Person Appointment Form need to be completed, and who needs to complete them.
- You must appoint a Contact Person (using this form) if you make a self-administration decision in relation to voluntary assisted dying.
- The Choosing the Contact Person and Being the Contact Person information sheets have more information about the role of the Contact Person, including who can be a Contact Person and what they have to do.
- If you need help contact:
  - your Coordinating Practitioner, or
  - the Statewide Care Navigator Service
    Phone: 08 9431 2755
    Email: VADCareNavigator@health.wa.gov.au

Part A. Patient information

Completed by

The patient OR another person on the patient's behalf.

Instructions

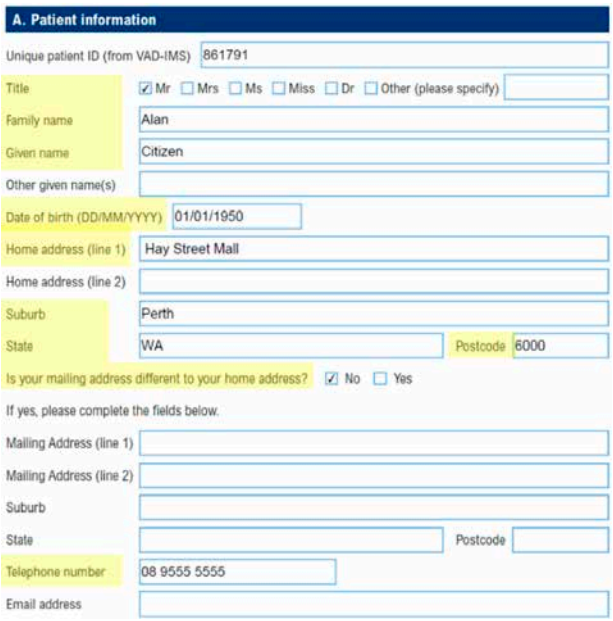
Is part A already filled in?

Yes

- Check to make sure information is correct.
- Cross out and rewrite any information that is incorrect.
- Move on to part **B. Coordinating Practitioner** information.

No

- Complete the fields highlighted in yellow.
- Other fields should also be completed if they are relevant.



A. Patient information

Unique patient ID (from VAD-IMS)	861791
Title	☑ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (please specify)
Family name	Alan
Given name	Citizen
Other given name(s)	
Date of birth (DD/MM/YYYY)	01/01/1950
Home address (line 1)	Hay Street Mall
Home address (line 2)	
Suburb	Perth
State	WA Postcode 6000
Is your mailing address different to your home address?	☑ No ☐ Yes
If yes, please complete the fields below.	
Mailing Address (line 1)	
Mailing Address (line 2)	
Suburb	
State	Postcode
Telephone number	08 9555 5555
Email address	

Part B. Coordinating Practitioner information

Completed by

If not already filled in by the practitioner, the patient OR another person on the patient's behalf can complete.

Instructions

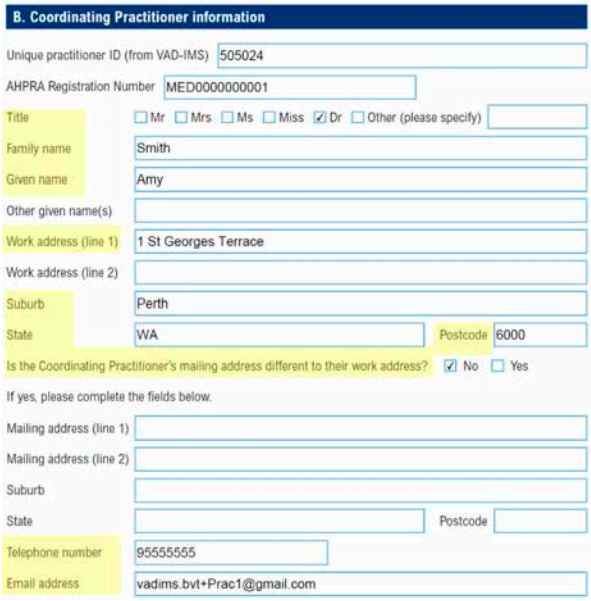
Is part B already filled in?

Yes

- Check to make sure information is correct.
- Cross out and rewrite any information that is incorrect.
- Then move on to part **C. Patient Declaration**.

No

- Complete the fields highlighted in yellow.
- Other fields should also be completed if they are relevant.



Part C. Contact Person information

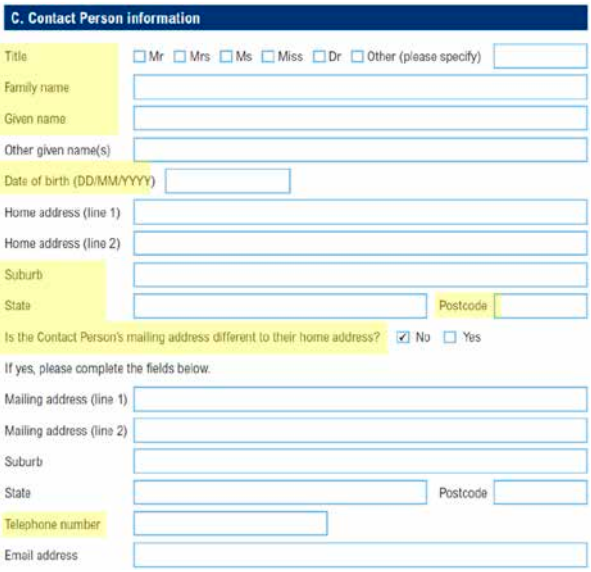
Completed by

The patient OR another person on the patient's behalf.

Instructions

Complete the fields highlighted in yellow.

Other fields should also be completed if they are relevant.



Part D. Communication

Completed by

The patient OR another person on the patient's behalf.

Instructions

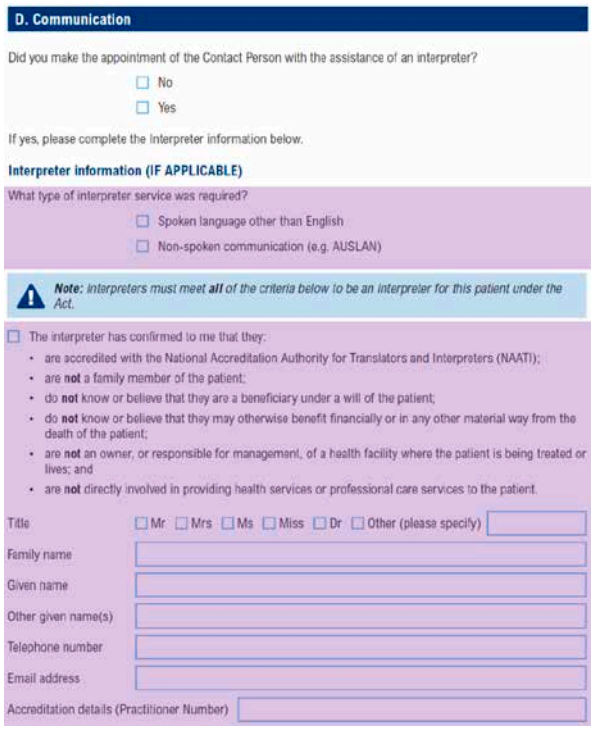
Was the Contact Person appointed with the assistance of an interpreter?

No

- Place a tick in the box next to 'No' and move on to part **E. Statement of the Contact Person**.

Yes

- Place a tick in the box next to 'Yes' and complete the purple section.



Part E. Statement of Contact Person

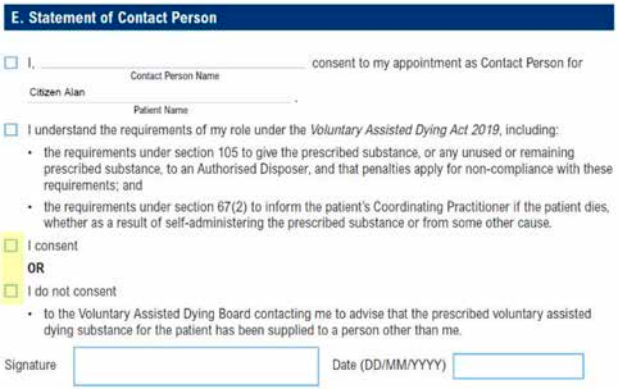
Completed by

The Contact Person.

Instructions

Place a tick in **one** of the checkboxes highlighted in yellow (consent or do not consent).

Complete **all** of the other fields.



Part F. Consent statement and signature of patient

Completed by

The patient OR another person on the patient's behalf.

Instructions

Place a tick in **one** of the checkboxes highlighted in yellow (consent or do not consent).

Complete **all** of the other fields **above** the green section.

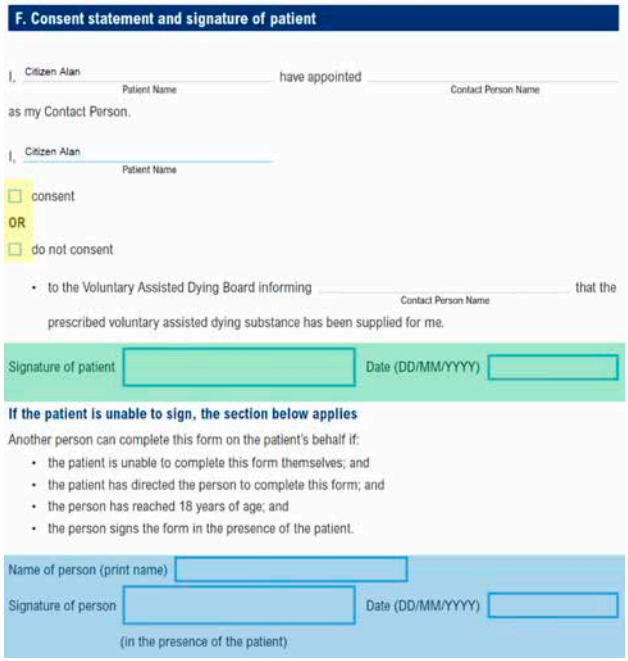
Can the patient sign the Form?

Yes

- Complete the green section.

No

- Complete the blue section.



Once all sections are complete, give the Contact Person Appointment Form to your Coordinating Practitioner.

Produced by Health Networks

HEN-014123 JAN'22