

# Submit a Consultation Referral Form

## VAD-IMS Quick Reference Guide

- This guide is for practitioners who **do not** have a VAD-IMS account.
  - If you have a VAD-IMS account, please see the User Guide.
- The Consultation Referral Form is used after you receive a referral for a Consulting Assessment.
- If you accept the Consultation Referral, submitting the Consultation Referral Form to VAD-IMS allows the Secretariat to “unlock” the Consulting Assessment Report Form for you to complete. Therefore, completion of this form should be done as soon as you are able.

### Step 1 – Finding the Form

Go to the VAD-IMS homepage at <https://vad-ims.health.wa.gov.au>

Click on the **Consultation Referral Form** button.

The **Consultation Referral Form** page will open.

Read the guidance on the page.

1. Select **No** to the question *Do you already have access to VAD-IMS?*
2. Click on the **Begin Consultation Referral Form** button.

The Consultation Referral Form will open.

## Step 2 – Filling in the Form

Begin filling in the Consultation Referral Form.

**Note:** A red asterisk (\*) indicates that a field is mandatory. This means it must be completed in order to successfully submit the Form.

**Voluntary Assisted Dying Board  
Consultation Referral Form**

**Completed by the medical practitioner receiving a Consultation Referral.**  
The medical practitioner completes this form after receiving a referral for a Consulting Assessment from the Coordinating Practitioner. A medical practitioner must refuse a Consultation Referral if they are not eligible to act as a Consulting Practitioner.

If a medical practitioner has a conscientious objection to voluntary assisted dying they must **immediately** inform the patient and Coordinating Practitioner that they refuse the Consultation Referral.

In other cases, the medical practitioner must inform the patient and Coordinating Practitioner within **2 business days** after receiving the referral.

In all cases the medical practitioner must:

1. complete this form; and
2. give a copy of it to the Voluntary Assisted Dying Board.

**NB:** on acceptance of a Consultation Referral the medical practitioner becomes the Consulting Practitioner for the patient, however cannot begin the Consulting Assessment until eligibility to act as a Consulting Practitioner has been confirmed (including successful completion of the approved training within the past 3 years).

**When uploading a form online or sending via fax:**  
Submitting this form via VAD-IMS or sending via fax is considered giving a copy of this form to the Voluntary Assisted Dying Board.

**A. Patient information**

Unique patient ID (from VAD-IMS):

Title \*

Mr  Mrs  Ms  Miss  Dr  Other

When you start typing an address into any address field within the form, VAD-IMS will automatically look this up. You can automatically populate the address fields by **clicking on the correct address** from the list that appears.

If the correct address isn't found, you can manually enter it.

Home address (line 1) \*

355 Scarborough Beach Road Osborne Park WA, Australia

35 Lake Street Northbridge WA, Australia ←

359 Hammond Road Success WA, Australia

35 Stirling Hwy Crawley WA, Australia

35 Wellington Street East Perth WA, Australia

State \*

- please select a state -

Postcode \*

powered by Google

Click the **Next** button at the bottom of each page to continue.

**Note:** If you can't complete the form in the one session, you can download the partially filled in form by clicking the link (see red arrow) at the bottom of each page.

You will then need to complete and sign the form by hand and submit it via the [Upload a signed form](#) page on VAD-IMS. See the **Upload a signed form Quick Reference Guide** for more information.

If you are unable to upload online you can fax the completed form to (08) 9222 0399.

No phone

Telephone number \*

Email address

**Next**

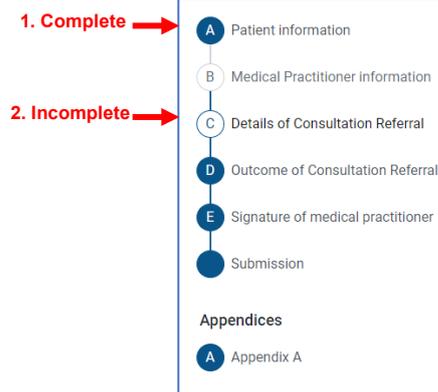
If you can't complete the Form now, you can [download the partially filled in form to complete by hand later](#). You can then submit the form by either:

- Scanning the completed and signed Form and uploading it via the VAD-IMS homepage;
- Faxing the completed Form to (08) 9222 0399.

As you progress, parts of the Form that are incomplete will be indicated in the Form navigation.

1. Filled blue circles indicate completed parts.

2. Unfilled circles indicate incomplete parts.



<p>Within <b>Part C. Details of Consultation Referral</b>, you will receive an error message if you try to add a future date to either of the date fields.</p> <p>All error messages must be addressed before you will be able to submit the form.</p>	<div data-bbox="815 129 1294 571"> <h3>C. Details of Consultation Referral</h3> <p>Date referral made (DD/MM/YYYY) *</p> <input type="text" value="dd/mm/yyyy"/> <p>Date referral received (DD/MM/YYYY) *</p> <input type="text" value="dd/mm/yyyy"/> <p><b>Next</b> <b>Previous</b></p> </div>
<p><b>Part D. Outcome of Consultation Referral</b></p> <ol style="list-style-type: none"> <li>If you indicate that you refuse the Consultation Referral you will be required to provide a reason for the refusal before you can submit the form.</li> <li>You will receive an error message if: <ul style="list-style-type: none"> <li>you try to add a future date to either of the date fields</li> <li>you add a date to either of the date fields that is before the date the Consultation Referral was made (recorded within part C. Details of Consultation Referral).</li> </ul> </li> </ol>	<div data-bbox="691 571 1417 1581"> <h3>D. Outcome of Consultation Referral</h3> <p>I have decided to: *</p> <p><input type="radio"/> Accept the Consultation Referral</p> <p><input type="radio"/> Refuse the Consultation Referral <b>1</b></p> <p>If you are refusing the Consultation Referral, what is your reason?</p> <p><input type="checkbox"/> I conscientiously object to voluntary assisted dying</p> <p><input type="checkbox"/> I am unwilling to perform the duties of a Consulting Practitioner</p> <p><input type="checkbox"/> I am unable to perform the duties of a Consulting Practitioner (e.g. due to unavailability or other reason)</p> <p><input type="checkbox"/> I am ineligible to act as a Consulting Practitioner (Refer Appendix A for practitioner eligibility criteria)</p> <p><i>Within 2 business days after receiving the referral, you must inform the patient and the Coordinating Practitioner of your decision to accept or refuse the Consultation Referral (unless refusal is because of conscientious objection in which case you must inform the patient and the Coordinating Practitioner immediately after receiving the referral).</i></p> <p>Date patient informed of outcome (DD/MM/YYYY) <b>2</b></p> <input type="text" value="dd/mm/yyyy"/> <p>Date Coordinating Practitioner informed of outcome (DD/MM/YYYY)</p> <input type="text" value="dd/mm/yyyy"/> <p><b>Next</b> <b>Previous</b></p> </div>
<p>If you haven't completed all mandatory fields before reaching the <b>Submission</b> page, you will be prompted to do so.</p> <p>Clicking on the links in the message will take you to that part of the Form so you can edit it.</p>	<div data-bbox="715 1765 1393 2033"> <p>Voluntary Assisted Dying Board</p> <h3>Consultation Referral Form</h3> <p>Are you ready to submit?</p> <div style="border: 1px solid red; padding: 5px;"> <p><b>Please correct the following before submitting:</b></p> <ul style="list-style-type: none"> <li>Part C - Details of Consultation Referral must be completed</li> <li>Part D - Outcome of Consultation Referral must be completed</li> </ul> </div> </div>

## Step 3 – Submitting the Form

First you will **submit the digital data** and then you will need to **upload** a copy of the form you have **physically signed**.

1. Click **Submit and then Sign** button.

Once you have completed all the mandatory form fields, a reCAPTCHA prompt will appear.

2. Check the **I am not a robot** box and complete any required reCAPTCHA Tasks.
3. You will then be able to click the **Confirm and Next Step** button.

You will then be walked through how to finalise submission of your form to the VAD Board.

**Signature of medical practitioner**

Signature

Date

Print name

**1.**

**How to sign this form?**

First, you will submit the digital information already entered.

Then, you will then need to print, sign and submit the fully completed form.

The next pages will guide you through the steps to finalise your submission.

**Confirm your submission of digital information already entered**

You will be able to download, print and sign on the next page

**2.**  I'm not a robot

**3.**

Click the **Download the form** button.

This will download a PDF version of your completed form.

**Note:** The main body of the form will be in a separate PDF to the Appendices.

- 1. Download and print** the completed form, but keep this page open.
- 2. Sign and scan** the printed form.
- 3. Upload** the signed and scanned forms.

**Print** the form, and complete part **E. Signature of medical practitioner**, including the signature, date and print name fields.

**Note:** If the date was entered digitally within the Form, it will also pre-populate into the PDF version.

**E. Signature of medical practitioner**

Signature  Date (DD/MM/YYYY)

Print name

Within 2 business days of making the decision to accept or refuse the referral for a Consulting Assessment you must:

1. complete this form; and
2. give a copy to the Voluntary Assisted Dying Board.

You must record the following details in the patient's medical record:

- The referral
- Your decision to accept or refuse the Consultation Referral
- If your decision is to refuse the referral, the reason for the refusal.

**Scan** the entire completed form (not just the signature page).

Click the **Upload the scanned form** button.

- 1. Download and print** the completed form, but keep this page open.
- 2. Sign and scan** the printed form.
- 3. Upload** the signed and scanned forms.

The **Upload a signed form** page will open.

Some fields will already be filled based on information you entered in the form. This includes the form type, Patient's full name and Form ID fields (see red arrows).

Check the **I am not a robot** box and complete any required reCAPTCHA Tasks.

Click on the **Add new file** area that appears.

This will open your computer's file explorer. Navigate to and select the file of the signed and scanned form.

The file will be added.

**Note:** More information and options for the added file can be seen by clicking the chevron symbol (∨) next to the file name. From here you can **replace or delete** the file if needed.

Click **Upload form** to complete process of submitting the form to the VAD Board.

A confirmation screen will open.

- Read the **Next steps** guidance carefully.
- You can download a pdf receipt of submission for your records by clicking the **Download the receipt** button.
- *If you have returned the form by fax you will be sent a confirmation of receipt by the Secretariat.*