

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)	/ /

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.