

Individual treatment plan application form – for a person under a guardianship arrangement



ACT
Government

ACT Health

Part 1. Details of applicant and person

| Details of person | |
|-----------------------------------|---|
| Last name | |
| All other names | |
| Date of birth | |
| Details of applicant | |
| Last name | |
| All other names | |
| Relationship to person | <input type="checkbox"/> Decision-maker (guardian) <input type="checkbox"/> Health practitioner for the person |
| Role/qualifications if applicable | |
| Address | |
| Email | |
| Phone number | |

| Details of a relevant health practitioner for the person (if different from above) | |
|--|--|
| Name | |
| Address | |
| Email | |
| Phone number | |

The treating health practitioner may be contacted by the assessment committee if it requires further information. You will be informed if this occurs.

Details of each decision-maker for the person.

Note – *the Variations in Sex Characteristics (Restricted Medical Treatment) Act 2023* defines ‘decision-maker’ to mean:

- (a) For an adult subject to a guardianship order – the guardian.
- (b) For a child – please instead complete the form 'individual treatment plan application form – child'.

| Decision-maker 1 | |
|--|---|
| Last name | |
| All other names | |
| Is this person also the applicant? | <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, also provide contact details) |
| Address | |
| Email | |
| Phone number | |
| Decision-maker 2 (if applicable) | |
| Last name | |
| All other names | |
| Address | |
| Email | |
| Phone number | |
| List the names and contact details of all other decision-makers for the person under guardianship (if any) | |
| Please attach the guardianship order to your application (<i>an ACAT order under the Guardianship and Management of Property Act 1991, section 7 (2)</i>). This guardianship order must relate to the medical treatment of the person. Documents are attached and labelled as attachment A: | <input type="checkbox"/> Yes <input type="checkbox"/> N/A (please explain) |

Part 2. Past medical history

Please provide a summary of any previous medical treatments, including any restricted medical treatments, that the person has received in relation to their variation in sex characteristics. You may attach further documents, if required.

Documents are attached and labelled as attachment B

- Yes
 N/A

Part 3. Details of the harm to be addressed by treatment

What, if any, significant harm would the person be at risk of if the proposed treatment or an alternative treatment option were not undertaken? Please limit this to significant physical or psychological harms, or risks of harm, that are not related to reducing discrimination or stigmatisation or a perceived risk of discrimination or stigmatisation by performing the proposed treatment. You may attach further documents, if required.

Documents are attached and labelled as attachment C

- Yes
 N/A

Part 4. The proposed treatment

Please outline the proposed treatment plan. Please ensure you detail the following:

- » The nature of the proposed treatment or procedure.
- » How does the proposed treatment vary the person's sex characteristics, and what will be the permanent effect of the treatment? Note: only treatments which permanently alter a person's sex characteristics (or alter in such a way as reversal requires further procedures or treatment), and vaginal dilation require a treatment plan.
- » How does the proposed treatment address the primary harm described in Part 3 and how likely is the treatment to address this harm?
- » Describe any associated harms – physical and psychological – that the person would be at risk of if the proposed treatment were undertaken.

Documents are attached and labelled as attachment D

- Yes
- N/A

Part 5. Proposed alternative treatments

1. What alternative treatment options have been considered? Please describe these. These may include treatment deferral, medical and non-medical interventions and temporary measures. You may attach further documents, if required.

2. How does each alternative option identified above address the primary harm described in section 4, and how well or how likely is the treatment to effectively address that harm?

3. With respect to each alternative option identified above, describe any associated harms – physical and psychological – the person would be reasonably likely to suffer, if the alternative options were undertaken.

Documents are attached and labelled as attachment E

- Yes
 N/A

Part 6. Relative efficacy

Please consider how the proposed treatment and each of the alternative treatment options reduces harm and provide a comparison of how effective each of those treatments are at minimising the overall harm (including addressing the primary harm, and any associated harms) to the person.

You may attach further documents, if required.

Documents are attached and labelled as attachment F

- Yes
 N/A

Part 7. Restrictiveness of the treatment options

What are the implications of the proposed treatment for what decisions can be made in future by the person or their decision makers in relation to their sex characteristics? How does this compare to the alternative treatments?

Documents are attached and labelled as attachment F

- Yes
 N/A

Part 8. Provision of information

1. Has information, as appropriate to the person's cognitive ability, been provided to them with respect to:
 - » The implications of the treatment.
 - » Likelihood of future treatment, both required and available.
 - » Alternative medical and non-medical treatment options, including psychosocial supports.
 - » Risks and benefits of deferring or not undertaking the treatment proposed.

Please demonstrate that you have considered the person's ability to understand the above information.

| Information provided | Examples |
|--|----------|
| Implications of treatment | |
| Likelihood of future treatments | |
| Alternative options, including psychosocial supports | |
| Risks and benefits of deferral | |

Part 8. Provision of information (continued)

2. What supports were provided to the person to help them understand this information?

3. Have all the decision-makers also been given the above information in an appropriate manner?

Documents are attached and labelled as attachment G

- Yes
- N/A

Part 9. Wishes of the person

1. Has the person been supported to communicate their wishes in relation to the treatment and/or their variation in sex characteristics freely? How was this done? This would not be applicable if the person is unable to communicate their wishes.

2. What were the opinions expressed by the person (if any) in relation to:
 - » Their variation in sex characteristics including the primary harm.
 - » The proposed treatment including any associated harms of the proposed treatment.
 - » Any alternative treatments and any related associated harms.

3. How have these wishes (if any) been considered?

Documents are attached and labelled as attachment H

- Yes
 N/A

Checklist of optional attachments

- Attachment A – Guardianship order for medical treatments
- Attachment B – Patient medical history
- Attachment C – Harms
- Attachment D – Treatment plan
- Attachment E – Alternatives to treatment
- Attachment F – Restrictiveness of treatment
- Attachment G – Provision of information
- Attachment H – Wishes of the person