



Decline Consent in Absentia

Client

Full name of parent or guardian (if applicable)

Relationship to client (if applicable)

The above client/parent or guardian for above client (delete one) was contacted today by *(physician name)*

They advised that they don't wish/want to come into clinic to complete a settlement health assessment.

The reason for this is:

- they are concerned it will affect their resident visa
- they are not sure of the benefit of providing the additional health information
- they declined but no reason given
- other. Provide details:

They understand that they can change their mind at any time and an appointment will be made for the settlement health assessment to be completed, if possible, at this time.

Signed by physician Date