

Treatment Plan Proposal

Instructions

This document is intended to be used by health care providers who are proposing a treatment plan for a long-term care resident when that long-term care resident is not capable of making the decision on his or her own behalf. Once completed, this form will contain information that the resident's substitute decision maker should possess before making a consent-related decision about the plan on behalf of the resident.

This form can be used to provide information to any substitute decision maker on the hierarchy included in Section 20(1) of Ontario's *Health Care Consent Act*, but might be particularly helpful when consent is being sought from the Office of the Public Guardian and Trustee.

This treatment plan is being proposed for:

Full name:

Date of Birth:

Residence:

Date of Admission:

This plan is being proposed on:

Current Date:

1. Primary Diagnosis and Available Medical History



2. Summary of Recent Investigations and Treatments

3. Prognosis

4. Proposed Treatment Plan (including specific details)



5. Expected Benefits of Proposed Treatment Plan

6. Potential Risks of Proposed Treatment Plan

7. Potential Risks of Withholding Proposed Treatment Plan



8. Comments on Patient’s Capacity to Consent to or Refuse Treatment Plan

9. Comments on Substitute Decision-Maker (SDM) Please check the most appropriate box:

- As per Ontario’s *Health Care Consent Act*, the SDM is _____
- Unable to locate SDM, and requesting consent from PGT (Please outline relevant details below)

10. Additional Comments

11. Physician Information

Physician Name

Physician Signature

CPSO #

