

VAD Clinical Portal user guide

First Request Form

Medical practitioners who receive a first request to access voluntary assisted dying from a patient record it in the VAD Clinical Portal.

A patient's first request to access voluntary assisted dying must be made:

- to a registered medical practitioner
- clearly and unambiguously
- by the person personally.

Medical practitioners must:

- Decide if you accept or refuse the request and tell the person within 7 calendar days.
- Give the person a copy of [Knowing your choices: Information for people considering voluntary assisted dying](#).
- Complete the mandatory training before starting the first assessment, if you accept the request.

You don't need to have completed the mandatory voluntary assisted dying training to accept a first request. If you want to support the patient to access voluntary assisted dying, you must pass the mandatory training before you start a first assessment of a person's access to voluntary assisted dying.

Before you start

To complete a First Request Form you'll need all the below:

- the patient's details, including name, date of birth, contact details
- your details including name, practice address, your [Ahpra number](#) and your [Health Provider Identifier \(HPI-I\) number](#)
- details of any interpreter who supported the patient to make the first request
- details of whether you accept or refuse the request.

You don't need to have access to the VAD Clinical Portal to complete a First Request Form. If you do have access, please log in before you complete this form.

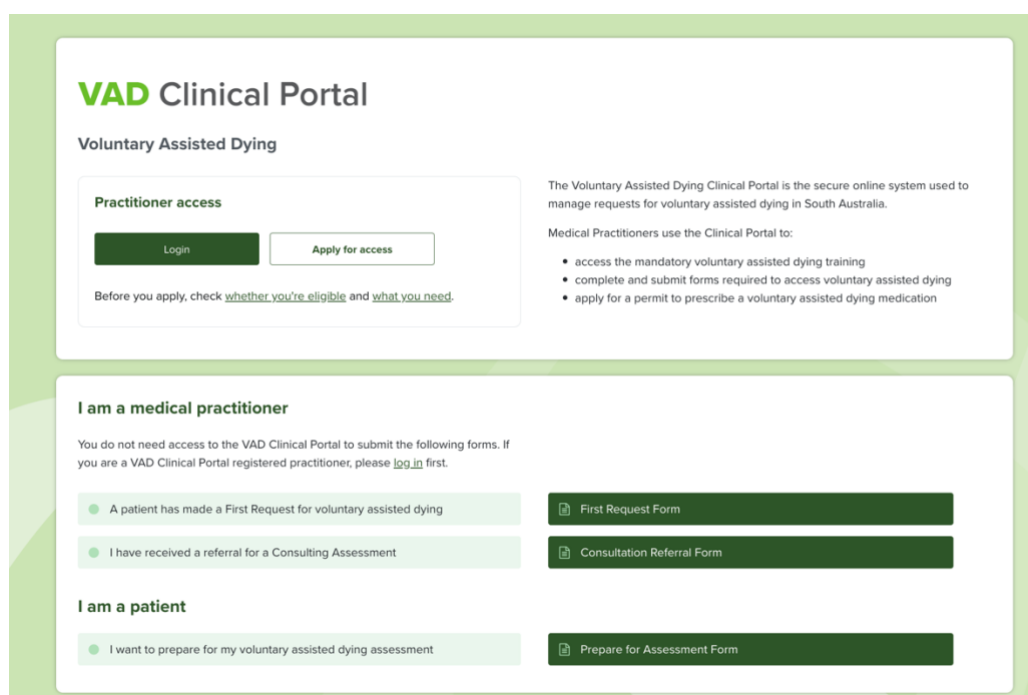


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How to complete the First Request Form

Step 1: Navigate to the First Request Form

1. Go to the [VAD Clinical Portal](#) homepage.
2. In the I am a medical practitioner section, click **First Request Form**.



VAD Clinical Portal
Voluntary Assisted Dying

Practitioner access

Login Apply for access

Before you apply, check [whether you're eligible](#) and [what you need](#).

The Voluntary Assisted Dying Clinical Portal is the secure online system used to manage requests for voluntary assisted dying in South Australia.

Medical Practitioners use the Clinical Portal to:

- access the mandatory voluntary assisted dying training
- complete and submit forms required to access voluntary assisted dying
- apply for a permit to prescribe a voluntary assisted dying medication

I am a medical practitioner

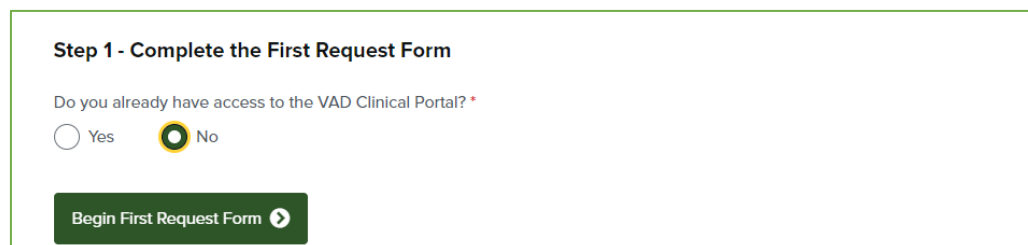
You do not need access to the VAD Clinical Portal to submit the following forms. If you are a VAD Clinical Portal registered practitioner, please [log in](#) first.

- A patient has made a First Request for voluntary assisted dying **First Request Form**
- I have received a referral for a Consulting Assessment **Consultation Referral Form**

I am a patient

- I want to prepare for my voluntary assisted dying assessment **Prepare for Assessment Form**

3. Read the information about completing a First Request Form.
4. Select **No** for access to the VAD Clinical Portal.



Step 1 - Complete the First Request Form

Do you already have access to the VAD Clinical Portal? *

Yes No

Begin First Request Form ▶

5. Click **Begin new First Request Form**.



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Step 2: Enter Patient information

1. Enter the patient's **name**.
2. Enter the patient's **date of birth**.
3. Enter the patient's **Medicare Number** and **Individual reference number**.
4. Enter the patient's **contact details**, including their telephone number, home address and mailing address.
5. If the patient wants to receive email updates about their request to access voluntary assisted dying, select Yes and enter their **email address**.
6. Click **Next**.

The screenshot shows the 'Voluntary Assisted Dying First Request Form' with the following content:

Voluntary Assisted Dying
First Request Form

Medical practitioners complete this form when they receive a first request to access voluntary assisted dying.

Medical practitioners must:

- Decide if you accept or refuse the request and tell the person within 7 calendar days.
- Give the person the [Information for people considering voluntary assisted dying booklet](#).
- Complete the mandatory training before starting the first assessment.

⚠ If you accept the request you become the person's Coordinating Medical Practitioner.

For more information about the First request read the [Voluntary assisted dying clinical guideline](#).

The Department for Health and Wellbeing uses, stores and shares your personal information in line with the [Voluntary assisted dying privacy statement](#).

A. Patient information

Family name *

Given name *

On the right side of the form, there is a progress indicator with five steps: A Patient information (selected), B Medical practitioner information, C Communication, D Outcome of First Request, and Submission.

Step 3: Enter Medical Practitioner information

1. Enter your **AHPRA Registration number**.
 2. Enter your **HPI-I number**.
- Hint:** You can find your Ahpra Registration number and your HPI-I number by logging into the [Ahpra website](#).
3. Enter your **name**.



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4. Enter your **contact details**, including your telephone number, email, your practice address and your mailing address.
5. Click **Next**.

The screenshot shows the 'Voluntary Assisted Dying First Request Form' with section 'B. Medical practitioner information' highlighted. The form includes fields for 'AHPRA Registration Number', 'Healthcare Provider Identifier (HPI-I) number', 'Family name', and 'Given name'. A progress indicator on the right shows steps A (Patient information), B (Medical practitioner information), C (Communication), D (Outcome of First Request), and Submission, with B currently selected.

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B. Medical practitioner information

AHPRA Registration Number *

You can find your AHPRA registration number by searching the [AHPRA Register of practitioners](#)

AAAA0009999999

Healthcare Provider Identifier (HPI-I) number *

You can find your Healthcare Provider Identifier (HPI-I) number by logging into AHPRA's [online portal](#)

Family name *

Given name *

A Patient information
B Medical practitioner information
C Communication
D Outcome of First Request
Submission

Step 4: Complete the Communication section

1. Enter the **date of First Request**.
 2. Check if the First Request meets the **criteria in the Act**.
- The First Request must be made:
- To registered medical practitioner
 - Clearly and unambiguously
 - By the person personally.
3. If the patient was assisted by an **interpreter** when making First Request, enter their details.

Interpreters must meet all the below criteria under the Act:

- they are accredited with the National Accreditation Authority for Translators and Interpreters (NAATI)
 - they are not a family member of the person
 - they don't know or believe they may benefit from the death of the person
 - they do not own, or are responsible for the day-to-day management of a health facility where the person lives or is being treated
 - they're not directly involved in providing health or professional care services to the person.
4. Click **Next**.



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Step 5: Record the outcome of the First Request

1. Select if you **accept or refuse** the request.

Check if you meet the [minimum eligibility requirements](#) to accept the request and become the patient's Coordinating Medical Practitioner.

If you **accept** the First Request you become the person's Coordinating Medical Practitioner.

If you **refuse** the First Request, select the reason for refusing the First Request.

2. Enter the date the person making First Request was informed about the outcome of the First Request.

You must tell the person if you accept or refuse the request and provide the reason for your decision **within 7 calendar days** from the date First Request was made.

3. Click **Next**.

Voluntary Assisted Dying
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D. Outcome of First Request

If you accept the request you become the person's coordinating medical practitioner.

I have decided to: *

Accept the First Request

Refuse the First Request

If you are refusing the First Request, what is your reason?

I have a conscientious objection to voluntary assisted dying

I am unwilling to perform the duties of a Coordinating Practitioner

I am unable or unavailable to perform the duties of a Coordinating Practitioner

I am not eligible to act as a Coordinating Practitioner

[Check if you're eligible to act as a Coordinating Practitioner online](#)

You must tell the person if you accept or refuse the request and provide the reason for your decision within 7 calendar days from the date the first request was made.

Date person informed of outcome (DD/MM/YYYY) *

Progress indicator:

- A Patient information
- B Medical practitioner information
- C Communication
- D Outcome of First Request
- Submission



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Step 6: Submit First Request

1. Check that you understand and agree to the VAD Clinical Portal [Terms of Use](#) and [Privacy Statement](#).
2. Complete the **reCAPTCHA**.
3. **Submit** First Request.

By submitting this form you're giving a copy to the Voluntary Assisted Dying Review Board.

You can download a receipt of your submissions for your records.



Are you ready to submit?

By submitting this form you're giving a copy to the Voluntary Assisted Dying Review Board.

I have read and accept the [Terms of Use](#).

I'm not a robot 

[Submit First Request](#) [Back](#)

Next steps

- Register for the VAD Clinical Portal

