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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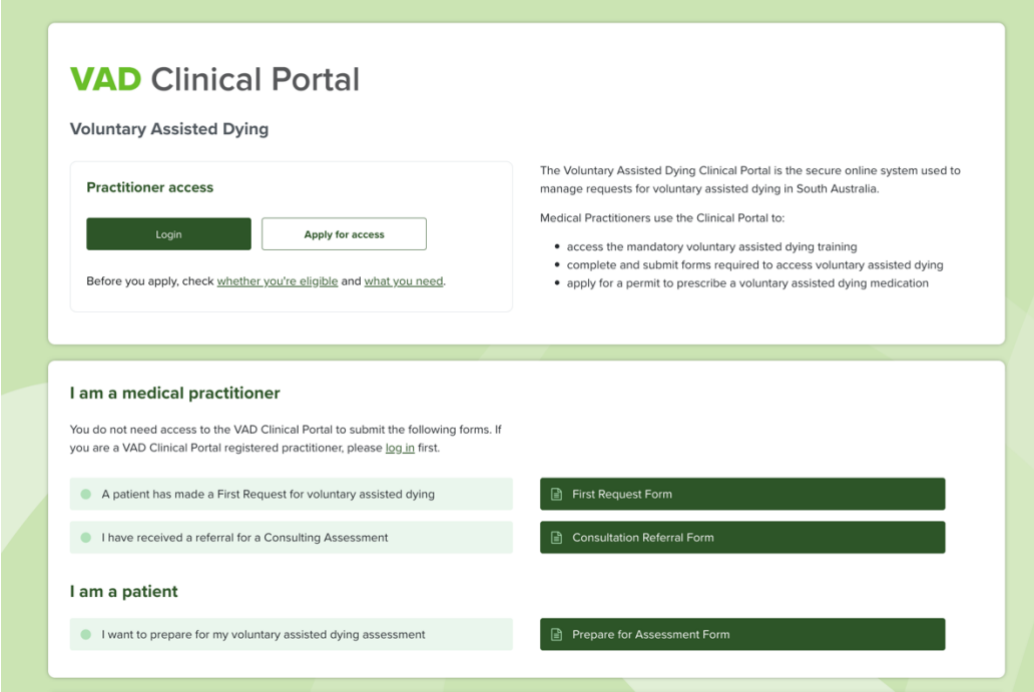
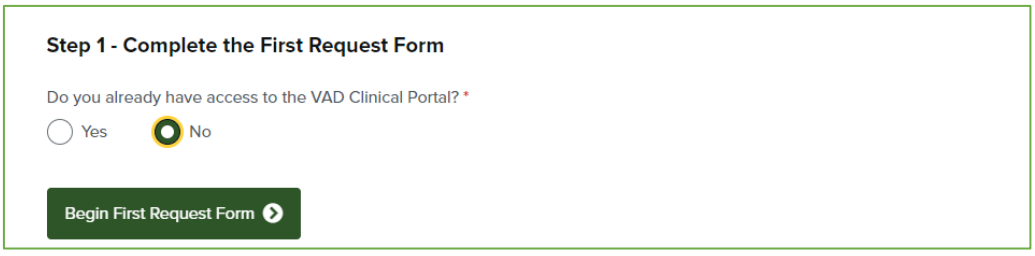
How to complete the First Request Form

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**.



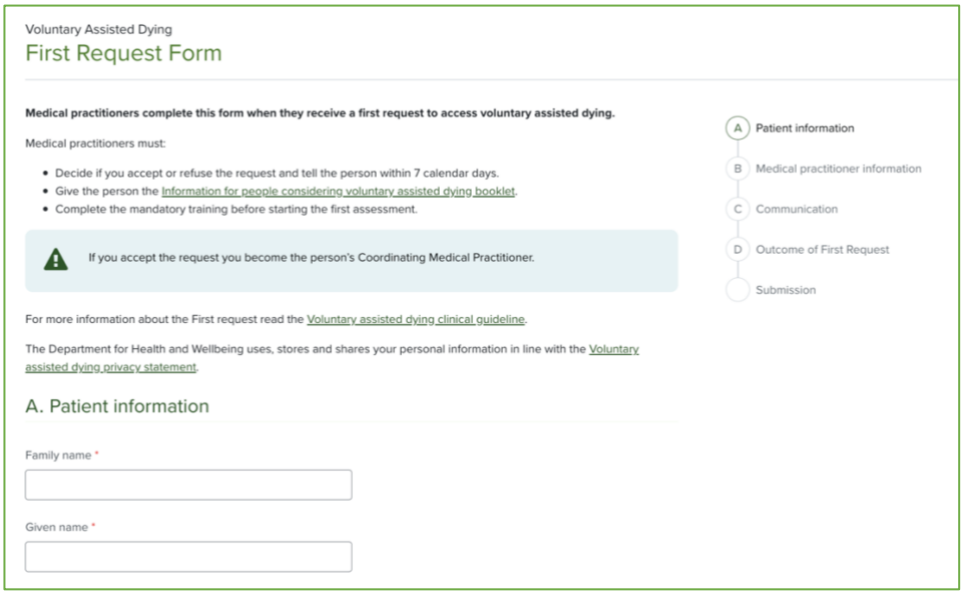
3. Read the information about completing a First Request Form.
4. Select **No** for access to the VAD Clinical Portal.



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

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.**

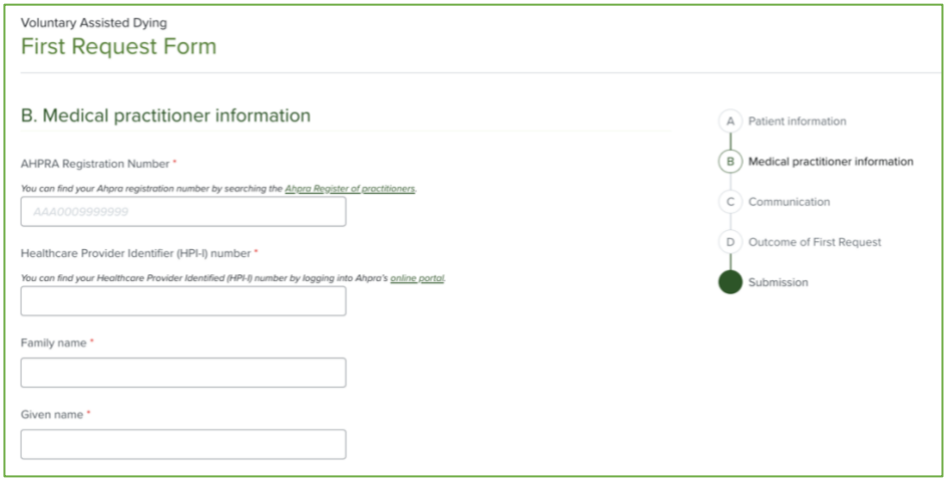


Step 3: Enter Medical Practitioner information

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**.

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



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**.

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.

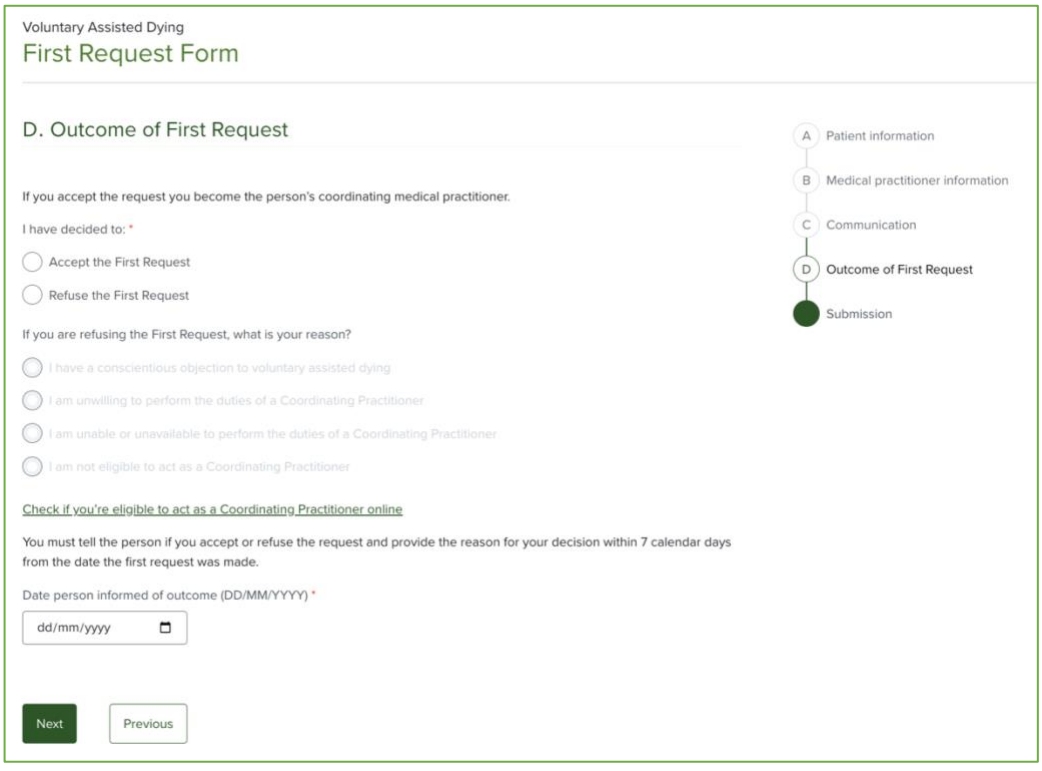
   If you **accept** the First Request you become the person's Coordinating Medical Practitioner.

   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**.

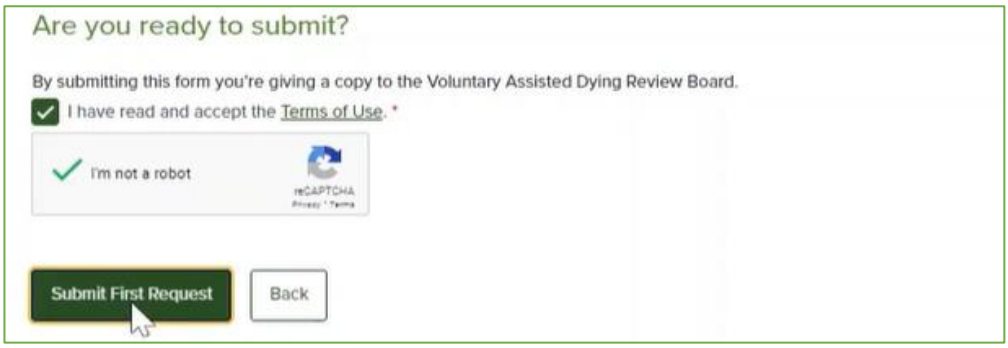


Step 6: Submit First Request

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.



Next steps

- Register for the VAD Clinical Portal