Manitoba

Department of Families

Manitoba Developmental Centre
P.O. Box 1190
Portage la Prairie MB R1N 3C6
CANADA

Treatment Room Nurse or Outreach Nurse
Phone: (204)856-4279 or (204)856-4288
Fax : (204)856-4352

CONSENT FOR ROUTINE MEDICAL TREATMENT & PROCEDURES

(from SDMs other than the Public Guardian and Trustee for medical treatment and procedures which do not require General Anesthesia)

Resident Name: _____ Birthdate: _____

I hereby consent to the provision of general care by routine medical treatment and procedures outlined below for the period of my admission to Manitoba Developmental Centre.

- ☐ Mammograms
- ☐ Blood tests & X-rays
- ☐ Fine needle aspirations
- ☐ Pap smears (including screening swabs for STD)
- ☐ Admission Screening and/or Antibody testing
- ☐ Mantoux Tuberculin Skin Test – 2 Step
- ☐ IV Therapy
- ☐ Mole removal by liquid nitrogen treatment
- ☐ Use of oral sedation during routine medical and dental treatments to reduce anxiety
- ☐ HIV testing
- ☐ Dental Filling and extraction
- ☐ Vaccinations
  - ☐ Td – Tetanus, Diphtheria and/or Pertussis
  - ☐ Hep B
  - ☐ Influenza (seasonal)
  - ☐ Pneumococcal
  - ☐ Zostavax
  - ☐ MMR
  - ☐ Other: _____

If I have any questions or concerns regarding these Treatments and Procedures, I will contact the Manitoba Developmental Centre's Treatment Room at 204-856-4279 or the Nursing Outreach Coordinator at 204-856-4288.

Resident or Substitute Decision Maker (SDM) Consent

☐ **Verbal/Telephone Consent** *(Witness required)*

Resident or SDM Name and Relationship	Signature	Date
Joint SDM Name and Relationship (if applicable)	Signature	Date
Witness Name and Relationship	Signature	Date