

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

Treatment Room Nurse
Phone: (204)856-4279
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 STI)
- 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
 - Tdap-Tetanus/Diphtheria/Pertusis
 - Pneumococcal
 - Meningococcal Conjugate C
 - Hep B
 - Varicella
 - MMR
 - Other: _____
 - Influenza (seasonal)
 - Human Papilloma Virus (HPV)
 - Herpes Zoster

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.

Resident or Substitute Decision Maker (SDM) Consent

Verbal/Telephone Consent (*Witness required*)

_____ Resident or SDM Name and/or Signature & Relationship	_____ Date	_____ Time
_____ Joint SDM Name and/or Signature & Relationship (if applicable)	_____ Date	_____ Time
_____ Witness Name and/or Signature and Relationship	_____ Date	_____ Time