Informed consent for referral to other services
DECREE-LAW No. 100 of 12 June 2026

I, the undersigned_____

born in_____ on_____

declare that I have been informed, in a language I understand, with the assistance of a mediator where necessary, of the need for referral to one or more other services for specific assessment and possible follow-up care.

Date_____

_____ _____

Signature Doctor's signature

_____

Cultural mediator's signature

In the case of minors, this form must be completed by the parent or guardian

I, the undersigned_____

born in_____ on _____,

Parent/Guardian of the minor_____

born in_____ on_____

declare that I have been informed, in a language I understand, with the assistance of a mediator where necessary, of the need to refer the minor to one or more other services for specific assessment and possible follow-up care.

Date_____

_____ _____

Signature Doctor's signature

_____

Cultural mediator's signature