

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