

Client details

HRN: _____ Family name: _____ Given name: _____
DOB: _____ Also known as: _____ Male/Female _____

PART A

Recommendation for Psychiatric Examination

I, _____
Title Given name Family name of Medical Practitioner/APP/DMHP

of _____
Work location

have assessed _____
Given name Family name of person to whom the order relates

at _____ on _____
Time Day / Month / Year

and I am satisfied that the above person fulfils the criteria for involuntary admission on the grounds of:

- Mental Illness (s39)
- Mental Disturbance (s42)

I make a Recommendation for Psychiatric Examination and authorise:

Title Given name Family name of Person Authorised

- To control the person and bring them to an Approved Treatment Facility for assessment.
- If the person cannot be brought immediately to an Approved Treatment Facility, to hold the person at a hospital or other place where the person can be safely held until it becomes practicable to do so.
- Without approval of the Tribunal, to administer treatment where it is immediately necessary to:
 - prevent the person causing serious harm to themselves or someone else; or
 - prevent behaviour of the person likely to cause serious harm to the person or someone else; or
 - to prevent further physical or mental deterioration of the person; or
 - to relieve acute symptomatology
- To detain the person at an Approved Treatment Facility for up to 24 hours.

Signature of Medical Practitioner/APP/DMHP Date

PART B.1

Revocation of Recommendation for Psychiatric Examination

I, _____
Title Given name Family name of Medical Practitioner/APP/DMHP

have conducted a further assessment of the above mentioned person and I am no longer satisfied that the above person fulfils the criteria for involuntary admission on the grounds of

- Mental Illness (s39)
- Mental Disturbance (s42)

and I therefore revoke the above Recommendation for Psychiatric Examination.

Signature of Medical Practitioner/APP/DMHP

Date

PART B.2

Written Report of Reasons for Revocation of Recommendation for Psychiatric Examination

I, _____
Title Given name Family name of Medical Practitioner/APP/DMHP

Hereby advise the Tribunal that, following further assessment I have decided to revoke the Recommendation for Psychiatric Examination for the above mentioned person for the following reasons

Signature of Medical Practitioner/APP/DMHP

Date

PART C

Notification Regarding Emergency Treatment Administered without Tribunal Approval

I, _____
Title Given name Family name of person administering treatment

advise that the following emergency treatment (provide details on name, dosages, times and dates administered):

was administered to the above mentioned person to:

- Prevent the person causing serious harm to himself/herself or someone else
- Prevent behaviour of the person that is likely to cause serious harm to the person or someone else
- Prevent further physical or mental deterioration of the person
- Relieve acute symptomatology

AND

- Approval of the Tribunal to administer the treatment was not obtained as to delay the treatment to obtain the approval of the Tribunal would have caused a deleterious effect on the person's health

Treatment was approved by: _____
Title Given name Family name of practitioner

at _____ on _____
Time Day / Month / Year

Signature of person administering treatment Date

PART D

Report Regarding Delay in Taking a Person to an Approved Treatment Facility To the Tribunal

I, _____
Title Given name Family name of person in Charge of Approved Treatment Facility

of _____
Approved Treatment Facility

notify the Tribunal that the above mentioned person was detained at _____
Place where patient was detained

at _____ on _____
Time Day / Month / Year

for the following reasons:

Treatment administered to the person and reasons for this treatment were:

Signature of person in Charge of ATF

Date

- Copy to Tribunal, Person in Charge and the APP at the ATF*
- Form placed on clinical file*