

This is not intended to be a standard medical report. It is intended to relate primarily to those purposes pertinent to the Tribunal responsibilities, with some additional information sought regarding the individual patient's circumstances and psychiatric progress.

For guidance in completing this report please refer to the [MHT website](#).

Medical Report

For use in Mental Health Tribunal review proceedings under the *Mental Health Act 2014 (WA)*

FAMILY NAME

Click here to enter text.

GIVEN NAME

Click here to enter text.

ADDRESS

Click here to enter text.

DATE OF BIRTH

Click here to enter a date.

HEARING DATE

Click here to enter a date.

UMRN

Click here to enter text.

GENDER

Choose an item.

REPORT DATE

Click here to enter a date.

Report author: Click here to enter text.

Mental Health Service: Click here to enter text.

Medical Officer/Registrar: Click here to enter text.

Date of current admission to service: Click here to enter a date.

Date current treatment order made: Click here to enter a date.

Position: Click here to enter text.

Supervising Psychiatrist: Click here to enter text.

Case Manager: Click here to enter text.

Patient Status: Choose an item.

Date current treatment order ends: Click here to enter a date.

The patient is entitled to a copy of this report. Please provide a copy to the patient at least 72 hours before the hearing.

If the psychiatrist believes the patient should not access the report, please complete Form 12B Record of Refusal of a Patient's Request to Access Documents. Provide a copy of the Form 12B to the patient as well as the Tribunal at least 72 hours before the hearing.

If the psychiatrist believes the patient should access a redacted copy of this report, please also provide a copy of the redacted report to the patient as well as the Tribunal at least 72 hours before the hearing.

PRELIMINARY MATTERS

1. If the patient is of Aboriginal or Torres Strait Islander descent, has assessment and treatment been provided in collaboration with an Aboriginal or Torres Strait Islander mental health worker or a significant member of the patient's community? (You may be asked to elaborate at the hearing).	Choose an item.
2. If the patient requires an interpreter for the hearing, specify language.	Click here to enter text.
3. If the patient has a Guardian appointed under the <i>Guardianship and Administration Act 1990</i> , provide a copy of the current Order.	
4. Is the patient aware of the free assistance available from the Mental Health Advocacy Service and the Mental Health Law Centre?	Choose an item.
5. Is the patient aware that family members and other supporters may attend the hearing? Please note if the patient objects to their attendance.	Choose an item.

THE PATIENT

6. Provide a brief summary of relevant background and social circumstances. This might include matters such as family and childhood issues, education, employment history, finances, relationships, accommodation, and social support.

[Click here to enter text.](#)

7. Outline the circumstances surrounding the current admission and treatment.

[Click here to enter text.](#)

8. What is the current diagnosis?

[Click here to enter text.](#)

9. Has a further opinion been obtained?

[Click here to enter text.](#)

10. Briefly describe previous involvement with mental health services, base line functioning prior to the recent decline, any relevant substance use, medical and forensic history not already addressed.

[Click here to enter text.](#)

11. Please include a list of the patient's current medications.

[Click here to enter text.](#)

CRITERIA FOR AN INVOLUNTARY TREATMENT ORDER

MHA ss 25(1)(a) and 25(2)(a): That the person has a mental illness in need of treatment.

MHA s 6(1) provides that a person has a mental illness if the person has a condition that:

- is characterised by a disturbance of thought, mood, volition, perception, orientation or memory; and
- significantly impairs (temporarily or permanently) the person's judgment or behaviour.

Exclusions in MHA s 6(2) and s 6(3).

12. Provide examples of how the patient's symptoms demonstrate a disturbance of thought, mood, volition, perception, orientation and/or memory and how it significantly impairs their judgement or behaviour.

[Click here to enter text.](#)

MHA ss 25(1)(b) and 25(2)(b): That, because of the mental illness, there is —

- (i) a significant risk to the health or safety of the person or to the safety of another person; or
- (ii) a significant risk of serious harm to the person or to another person; or
- (iii) [for CTO ONLY] a significant risk of the person suffering serious physical or mental deterioration.

13. Describe any current significant risk to the health or safety of the person or safety of another or significant risk of serious harm to the person or another as required for an in-patient treatment order.

[Click here to enter text.](#)

14. **For community treatment orders only**, outline any significant risk of the person suffering a serious physical or mental deterioration.

[Click here to enter text.](#)

MHA ss 25(1)(c) and 25(2)(c) MHA: That the person does not demonstrate the capacity required by section 18 to make a treatment decision about the provision of the treatment to himself or herself.

Note: To determine capacity the Tribunal must be satisfied that the person has the capacity to:

- understand the things that are required under section 19 to be communicated to the person about the treatment; and
- understand the matters involved in making the treatment decision; and
- understand the effect of the treatment decision; and
- weigh up the above factors for the purpose of making the treatment decision; and
- communicate the treatment decision in some way.

15. When was capacity last assessed and by whom?

[Click here to enter text.](#)

16. Is the patient currently able to understand the information required to be communicated to them about diagnosis and treatment? If not, why not?

[Click here to enter text.](#)

17. Is the patient capable of understanding the matters involved in making a decision about their own treatment? If not, provide examples of how symptoms impede the patient from being able to understand the matters involved in making a treatment decision.

[Click here to enter text.](#)

18. Is the patient able to weigh up the relevant factors for the purpose of making their own treatment decision? If not, give examples of how their ability is compromised.

[Click here to enter text.](#)

19. Is the patient able to communicate the treatment decision in some way (even if limited)? If not, why not?

[Click here to enter text.](#)

MHA ss 25(1)(d) and 25(2)(d) MHA:

- *FOR INPATIENT TREATMENT ORDER ONLY:* That treatment in the community cannot reasonably be provided to the person.
- *FOR CTO ONLY:* That treatment in the community can reasonably be provided to the person.

20. Can treatment be reasonably provided in the community? If not, explain.

[Click here to enter text.](#)

MHA ss 25(1)(e) and 25(2)(e): That that the person cannot be adequately provided with treatment in a way that would involve less restriction on the person's freedom of choice and movement than making the order.

21. Can the patient be treated in a less restrictive way at this time? If not, why?

[Click here to enter text.](#)



OTHER MATTERS TO WHICH THE TRIBUNAL MUST HAVE REGARD (Not otherwise detailed above) (MHA s 394)

22. What are the patient's wishes (to the extent that it is practicable to ascertain those wishes).

Click here to enter text.

23. What are the views of any carer, close family member or other personal support person of the involuntary patient.

Click here to enter text.

TREATMENT SUPPORT AND DISCHARGE PLANNING (MHA ss185-188)

24. Describe the person's current stage of recovery and plan for discharge (attach a copy of the current signed TSDP to this report).

Click here to enter text.

SIGNATURE OF THE REPORT'S AUTHOR

How long have you known the patient? Click here to enter text.

Signed by: Click here to enter text.

Name: Click here to enter text. Position: Click here to enter text. Date: Click here to enter a date.

CONFIRMATION OF REPORT BY SUPERVISING/TREATING PSYCHIATRIST

If you are the supervising psychiatrist, please supply the date of your last review in accordance with sections 118 and 119 of the Act? Click here to enter a date.

Signed by:

Click here to enter text.

How long have you known the patient? Click here to enter text.

Signed by: Click here to enter text.

I have reviewed and confirm the accuracy of this report.

Signed by:

Click here to enter text.

Please consider if there are any significant safety issues for the Tribunal Hearing and contact the MHT Registry on (08) 6553 0060 to discuss as required.

Please **save** the completed report and submit via the MHT's Document Lodgement Portal

If you have any queries, please telephone the Registry staff on (08) 6553 0060

