

Appendix 2

<p>Mental Health Act 1986</p> <p>Section 19A</p>	<p>Local Hospital Patient Number: _____</p> <p>Family Name: _____</p> <p>Given Names: _____</p> <p>Date of Birth: _____ Sex: _____</p> <p>Alias: _____</p>								
<p>Mental Health Statewide Patient Number</p> <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table>									

APPENDIX 2

TREATMENT PLAN	
<p>Notes to completing this form</p> <p>This treatment plan may be used for people who are receiving treatment or services from a mental health service on a voluntary basis. The purpose of this plan is to give the consumer a plain statement of the treatment they will receive from the mental health service. It must identify the consumer's immediate needs/presenting problems and the actions that will be taken to meet those needs. The expected outcomes must be realistic, focused on recovery and achievable within the expected life of the plan. Preparation of the plan provides a basis for discussion with the consumer and their nominated carer/s. In developing this plan, you must take into account the wishes of:</p> <ul style="list-style-type: none"> • the consumer, as far as they can be ascertained. • nominated carer/s who are involved in providing ongoing care or support to the consumer, unless the consumer objects. <p>The consumer must be given a copy of this <i>Treatment Plan</i> and the information explained.</p> <p>Authorisation Where a psychiatrist is not immediately available to sign the form, a designated senior clinician within the service may authorise the plan until such time as a psychiatrist is available.</p>	<p>.....</p> <p style="text-align: center;">GIVEN NAME/S FAMILY NAME (BLOCK LETTERS) of consumer</p> <p>.....</p> <p style="text-align: center;">address of consumer</p> <hr/> <p>TREATING TEAM</p> <p>(1) Psychiatrist:</p> <p>(2) Treating doctor:</p> <p>(3) Case manager / clinician:</p> <p>(4) Clinic / service where you will receive treatment from:</p> <p style="text-align: right;">..... telephone:</p> <hr/> <p>OTHER PARTIES TO THE PLAN</p> <p>(5) General practitioner: telephone:</p> <p>(6) Private psychiatrist: telephone:</p> <p>(7) Nominated carer/s: telephone:</p> <p>(8) Other: telephone:</p> <hr/> <p>REVIEW DATE</p> <p>(9) This plan is due for review on: / /</p> <hr/> <p>Prepared by:</p> <p>.....</p> <p style="text-align: center;">GIVEN NAME/S FAMILY NAME (BLOCK LETTERS) of clinician completing form</p> <p>Signed: Designation: Date: / /</p> <hr/> <p>Authorised by:</p> <p>.....</p> <p style="text-align: center;">GIVEN NAME/S FAMILY NAME (BLOCK LETTERS) of * delegated/ authorised psychiatrist / senior clinician</p> <p>Signed: Date: / /</p> <hr/> <p>* delete as necessary</p>

