



MHA12A

Mental Health Act 1986

Sections 15AB & 19A(4)(g)

Local Hospital Patient Number: [] [] [] [] [] [] [] [] [] []

Family Name: _____

Given Names: _____

Date of Birth: _____ Sex: _____

Alias: _____

Mental Health Statewide Patient Number [] [] [] [] [] [] [] [] [] []

PROGRESS REPORT ON RESTRICTED COMMUNITY TREATMENT ORDER

Notes to completing this form

This report must address progress against the treatment objectives and strategies contained in the patient's treatment plan.

The 'monitoring psychiatrist' is named in the patient's treatment plan.

If you consider that the patient should be discharged from the restricted community treatment order, you must notify the monitoring psychiatrist as soon as practicable.

The intervals at which you must submit a progress report are specified in the patient's treatment plan.

The criteria in section 93(1)(a) of the Sentencing Act 1991 are:

- (a) the person appears to be mentally ill; and
(b) the person's mental illness requires treatment and that treatment can be obtained by the person being subject to a restricted involuntary treatment order; and
(c) because of the person's mental illness, involuntary treatment of the person is necessary for his or her health or safety (whether to prevent a deterioration in the person's physical or mental condition or otherwise) or for the protection of members of the public.

Note to monitoring psychiatrist

If the criteria in section 93(1)(a) of the Sentencing Act 1991 do not apply to the patient, you must notify the Chief Psychiatrist as soon as practicable.

GIVEN NAME/S FAMILY NAME (BLOCK LETTERS) of patient

a patient of: _____ approved mental health service

residing at: _____ address of patient

TO THE MONITORING PSYCHIATRIST

- (1) I have personally examined the abovenamed patient.
(2) I consider that:
[] all the criteria in section 93(1)(a) of the Sentencing Act 1991 apply to the patient and the treatment the patient requires can still be obtained under a restricted community treatment order. I recommend that the patient REMAIN on the order.

OR

- [] all the criteria in section 93(1)(a) of the Sentencing Act 1991 apply to the patient but the treatment the patient requires cannot be obtained under a restricted community treatment order or the person has failed to comply with the order or their treatment plan. I recommend that you REVOKE the order.

OR

- [] all the criteria in section 93(1)(a) of the Sentencing Act 1991 do not apply to the patient. I recommend that the patient be DISCHARGED from the order.

(please cross [x])

- (3) I provide the following report concerning the patient's treatment:

Diagnosis: _____

Current medication: _____

Current mental state: _____

Progress since last report: _____

(Further details may be attached.)

The next report is due on: [] [] [] [] [] [] [] [] [] []

GIVEN NAME/S FAMILY NAME (BLOCK LETTERS) of supervising medical practitioner

of _____ business address of supervising medical practitioner

Signed: _____ Date: [] [] [] [] [] [] [] [] [] []

NOTED BY MONITORING PSYCHIATRIST

GIVEN NAME/S FAMILY NAME (BLOCK LETTERS) of monitoring psychiatrist

Signed: _____ Date: [] [] [] [] [] [] [] [] [] []

MHA 12A PROGRESS REPORT ON RESTRICTED COMMUNITY TREATMENT ORDER

OCT 2006

ROLLS FILING SYSTEMS (03) 8770 1111