

Mental Health Act 1986

Section 87

Local Hospital Patient Number:

Grid for Local Hospital Patient Number

Family Name:

Given Names:

Date of Birth:

Sex:

Alias:

Mental Health Statewide Patient Number

Grid for Mental Health Statewide Patient Number

MHA32

ANNUAL EXAMINATION OF PATIENT

Notes to completing this form

All patients must have their mental and physical health reviewed at least every 12 months.

Different registered medical practitioners may conduct the psychiatric and physical examinations. For example, the person's general practitioner may perform the physical examination.

The authorised psychiatrist is responsible to ensure:
• Both the psychiatric and physical examinations are comprehensive.
• Any issues concerning the person's health that are raised by the examinations are addressed.
• This report is completed and forwarded to the Chief Psychiatrist in a timely manner.

Further details may be attached if there is insufficient space.

GIVEN NAME/S

FAMILY NAME (BLOCK LETTERS) of patient

- an involuntary patient in an approved mental health service
an involuntary patient subject to a community treatment order
an involuntary patient subject to a restricted community treatment order
a security patient
a forensic patient

(please cross [x])

Date commenced current legal status:

Grid for Date commenced current legal status

a patient of:

approved mental health service

TO THE CHIEF PSYCHIATRIST: Psychiatric examination

(1) I personally examined the patient on:

Grid for date of examination

(2) I provide the following report concerning the mental health of the patient:

Psychiatric diagnosis:

Current mental state:

Medication & dosages:

Circumstances of current admission/legal status:

Brief treatment history:

Psychiatric examination report completed by:

GIVEN NAME/S

FAMILY NAME (BLOCK LETTERS) of registered medical practitioner completing report of mental health

Signed:

Designation:

Date:

Grid for Date

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TO THE CHIEF PSYCHIATRIST: Physical Examination

(1) I personally examined the patient on: [Grid]

(2) I provide the following report concerning the physical health of the patient:

B.P: _____ Pulse: _____ Weight: _____ Height: _____

General appearance: _____

CNS: _____

CVS: _____

Respiratory: _____

GIT: _____

Other findings (including recent investigations): _____

Medication & dosages: _____

Physical examination report completed by:

GIVEN NAME/S FAMILY NAME (BLOCK LETTERS) of registered medical practitioner completing report of physical health

Signed: _____ Designation: _____ Date: [Grid]

Authorised by:

I am the * delegated / authorised psychiatrist of the approved mental health service.

The patient's treatment plan has been reviewed, revised and discussed with the patient. (please cross)

GIVEN NAME/S FAMILY NAME (BLOCK LETTERS) of * delegated / authorised psychiatrist

Signed: _____ Date: [Grid]

* delete as necessary

Further details may be attached if there is insufficient space.

The patient's treatment plan must be reviewed and revised in the context of the findings of this Annual Examination.