MHA32

**Mental Health Act 1986**

Section 87

**Local Hospital Patient Number:**

**Family Name:**

**Given Names:**

**Date of Birth:** **Sex:**

**Alias:**

**Mental Health Statewide Patient Number**

**Mental Health Act 1986**

Section 87

**Local Hospital Patient Number:**

**Family Name:**

**Given Names:**

**Date of Birth:** **Sex:**

**Alias:**

**Mental Health Statewide Patient Number**

# 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 ☒)

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:

(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:

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.

## Psychiatric examination report completed by:

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

Signed: Designation: Date:

## TO THE CHIEF PSYCHIATRIST: Physical Examination

(1) I personally examined the patient on:

(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:

## 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:

* delete as necessary

MHA 32 ANNUAL EXAMINATION OF PATIENT

ROLLS FILING SYSTEMS (03) 8770 1111

DEC 2004

White - CHIEF PSYCHIATRIST Yellow - PATIENT FILE White - ADMIN. Make copy for own file if required