

Mental Health Act 1986

Sections 14A & 19A(4)(g)

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

PROGRESS REPORT ON 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 CTO, 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 8(1) of the Mental Health Act 1986 are:

- (a) the person appears to be mentally ill; and
(b) the person's mental illness requires immediate treatment and that treatment can be obtained by the person being subject to an 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; and
(d) the person has refused or is unable to consent to the necessary treatment for the mental illness; and
(e) the person cannot receive adequate treatment for the mental illness in a manner less restrictive of his or her freedom of decision and action.

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

a patient of: approved mental health service

residing at: address of patient

DETAILS OF COMMUNITY TREATMENT ORDER

Date made:

Date due to expire:

TO THE MONITORING PSYCHIATRIST

- (1) I have personally examined the abovenamed patient.
(2) I consider that:
- all the criteria in section 8(1) apply to the patient and the treatment the patient requires can still be obtained under a community treatment order. I recommend that:
- the patient REMAINS on the order; or
- you EXTEND the order because it is due to expire.
OR
- all the criteria in section 8(1) do not apply to the patient. I recommend that you DISCHARGE the patient from the order.
OR
- all the criteria in section 8(1) apply to the patient but the treatment the patient requires cannot be obtained under a community treatment order or the person has failed to comply with the order or their treatment plan. I recommend you REVOKE 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:

Blank lines for progress report details

The next report is due on: (Further details may be attached.)

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:

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MHA 7 PROGRESS REPORT ON CTO