

Mental Health Act 1986

Section 9A & 9B
Mental Health Regulations 2008
Regulation 6(3)

Local Hospital Patient Number: [grid]

Family Name: _____

Given Names: _____

Date of Birth: _____ Sex: _____

Alias: _____

Mental Health Statewide Patient Number [grid]

AUTHORITY TO TRANSPORT WITHOUT RECOMMENDATION

Notes to completing this form

This form must be completed by a 'mental health practitioner'.

'Mental health practitioners' are -

- a) - Registered nurses
- Registered psychologists
- Social workers
- Occupational therapists; and
b) employed by a public sector mental health service...
c) engaged in the provision of acute psychiatric assessment and treatment functions in the community.

You cannot also complete the Request (Schedule 1).

See definition of 'prescribed person' over page.

TO THE ADMITTING REGISTERED MEDICAL PRACTITIONER

Please examine: _____ GIVEN NAME/S FAMILY NAME (BLOCK LETTERS) of person

of: _____ address of person

for the purpose of making a recommendation under section 9 of the Mental Health Act 1986.

- (1) I am a mental health practitioner within the meaning of section 7 of the Mental Health Act 1986.
(2) I have sighted a completed request relating to the abovenamed person.
(3) A recommendation has not been completed because a registered medical practitioner was not available...
(4) It is my opinion that all the following criteria in section 8(1) of the Mental Health Act 1986 apply to the person:
(a) the person appears to be mentally ill...
(b) the person's mental illness requires immediate treatment...
(c) because of the person's mental illness, involuntary treatment...
(d) the person has refused or is unable to consent...
(e) the person cannot receive adequate treatment...
(5) I do not consider the person to be mentally ill by reason only of any one or more of the exclusion criteria...
(6) I base my opinion on the following facts personally observed by me on examination:
(7) I consider that the person should be taken to an approved mental health service for examination...

_____ GIVEN NAME/S NAME (BLOCK LETTERS) of mental health practitioner

Signed: _____ Date: [grid] Time: [grid] 24 hour

Employed by: _____ Designation: _____ approved mental health service

NEXT STEPS

- 1. This Authority to Transport only becomes effective if it is accompanied by a Request (Schedule 1).
2. If a Request and an Authority to Transport are completed, together they give sufficient authority to a 'prescribed person' to take the person to an approved mental health service...
3. For the purpose of taking the person to an approved mental health service, the 'prescribed person' may with such assistance...
4. A 'prescribed person' who uses restraint must complete the form Restraint over page.

* delete as necessary



ROLLS FILING SYSTEMS (03) 8770 1111

OCT 2008

SCHEDULE 3 AUTHORITY TO TRANSPORT WITHOUT RECOMMENDATION