

**Mental Health and Wellbeing Act 2022  
Sections 147 and 152**

**MHWA 102  
Receipt of person subject to  
Inpatient Assessment Order**

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Mental Health Statewide UR Number

Local Patient Identifier									
FAMILY NAME									
GIVEN NAMES									
DATE OF BIRTH					SEX			GENDER	

Place patient identification label above

**Instructions to complete this form**

- This form must be completed by a Registered Medical Practitioner or an Authorised Mental Health Practitioner at the receiving Designated Mental Health Service.
- You should complete this form as soon as practicable after the person is received at the Designated Mental Health Service.

GIVEN NAMES

FAMILY NAME (BLOCK LETTERS) of person to be assessed

a patient of:

Name of receiving Designated Mental Health Service

1. I am:

- a Registered Medical Practitioner
  - an Authorised Mental Health Practitioner
- (please cross  one option only)

2. The abovenamed person is subject to an Inpatient Assessment Order that was made on:

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date

at:

--	--

time 24 hour

3. The person was received at the abovenamed Designated Mental Health Service on:

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date

at:

--	--

time 24 hour

Signature:

signature of practitioner

Date:

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Given Names:

Family Name:

Business Address:

Designation:

Telephone:

**Next steps**

- The person must be examined by an Authorised Psychiatrist or Delegate within 24 hours from the date and time the person is received at the Designated Mental Health Service **and** no longer than 72 hours after the Assessment Order was made.
- An Authorised Psychiatrist or Delegate must notify the following persons (as applicable) that the Assessment Order has been made and give them a copy of the Order and the *Assessment Order* statement of rights:
  - the person's nominated support person;
  - the person's parent if the person is under the age of 16 years;
  - a carer, if assessing the person will directly affect the carer and the care relationship;
  - the person's guardian; and
  - the Secretary, Department of Families, Fairness and Housing or delegate if that Secretary has parental responsibility for the person under a Relevant Child Protection Order.
- Ensure that appropriate supports are provided to assist the person/s to understand this information.

**Definitions**

- **'Authorised Mental Health Practitioner'** means:
  - a) a person who is employed or engaged by a Designated Mental Health Service as a:
    - i) registered psychologist; or
    - ii) registered nurse; or
    - iii) social worker; or
    - iv) registered occupational therapist; or
  - b) a member of a prescribed class of person.
- **'Registered Medical Practitioner'** means a person who is registered under the Health Practitioner Regulation National Law to practise in the medical profession (other than as a student).
- **'Relevant Child Protection Order'** means:
  - (a) a therapeutic treatment (placement) order;
  - (b) a family reunification order;
  - (c) a care by Secretary order;
  - (d) a long-term care order,
 each within the meaning of the *Children, Youth and Families Act 2005*



MHWA102

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**JULY  
2023**

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