

**Mental Health and Wellbeing Act 2022
Section 165**

**MHWA 104
Extension of 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 an Authorised Psychiatrist or Delegate.
- An Assessment Order cannot be extended if it has already expired. An Inpatient Assessment Order expires at the earlier of 24 hours after the person is received at a Designated Mental Health Service or 72 hours after the order is made. A Community Assessment Order expires 24 hours after it is made.
- You must examine the person before extending the duration of the Assessment Order. You must take all reasonable steps to explain the purpose of the examination before starting the examination (see point 2).
- The maximum duration of an extension of an Assessment Order is 24 hours (see point 6).
- An Assessment Order cannot be extended more than twice (see point 7).

GIVEN NAMES

FAMILY NAME (BLOCK LETTERS)

a patient of:

Designated Mental Health Service

1. The abovenamed person is subject to:

an Inpatient Assessment Order

a Community Assessment Order—that expires on:

(please cross one option only)

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date

at:

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time 24 hour

2. I have examined the person.

3. I am **not able** to determine whether all the compulsory treatment criteria in section 143 of the **Mental Health and Wellbeing Act 2022** as set out below apply to the person, and I need more time to make a decision:

a. the person has mental illness; and

b. because the person has mental illness, the person needs immediate treatment to prevent—

i. serious deterioration in the person's mental or physical health; or

ii. serious harm to the person or to another person; and

c. the immediate treatment will be provided to the person if the person is subject to a Temporary Treatment Order; and

d. there are no less restrictive means reasonably available to enable the person to receive the immediate treatment.

4. I have given proper consideration to the decision-making principles for treatment and interventions

5. The reasons are: _____

6. I **extend** the person's Assessment Order by:

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hours (maximum of 24 hours).

7. This is the:

first extension

second extension.

(please cross one option only)

8. Date and time Assessment Order is extended:

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date

at:

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time 24 hour

Signature: _____

signature of Authorised Psychiatrist or Delegate

Date:

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Given Names:

Family Name:

Designation:

Extension of Assessment Order

MHWA 104



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JULY
2023

Original – medical record

Copy – patient

