

**Mental Health and Wellbeing Act 2022  
Section 161 and 162**

**MHWA 105  
Revocation of Assessment Order**

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Mental Health Statewide UR Number

Local Patient Identifier																			
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FAMILY NAME
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GIVEN NAMES
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DATE OF BIRTH	SEX	GENDER
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Place patient identification label above

**Instructions to complete this form**

- This form must be completed by an Authorised Psychiatrist or Delegate.
- You must explain the purpose of the examination before starting the examination.

GIVEN NAMES

FAMILY NAME (BLOCK LETTERS) of person to be assessed

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

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at:

time 24 hour

2. I have examined the person.

3. I am **not satisfied** that all the compulsory treatment criteria in section 143 of the **Mental Health and Wellbeing Act 2022** apply to the person, being:

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 for my decision are:

6. I **revoke** the person's Assessment Order on:

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date

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at:

time 24 hour

Signature:

signature of authorised psychiatrist or delegate

Date:

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Given Names:

Family Name:

Designation:



MHWA105

ROLLS AUSTRALIA 1300 600 192

**JULY  
2023**

Original – medical record

Copy – patient

Revocation of Assessment Order

MHWA 105

