

**Mental Health and Wellbeing Act 2022  
Section 184**

**MHWA 110  
Temporary Treatment 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 cannot make a Temporary Treatment Order if you also made the Assessment Order for the person.
- You must take all reasonable steps to explain the purpose of the examination before starting the examination.

GIVEN NAMES

FAMILY NAME (BLOCK LETTERS)

a patient of:

who is subject to:

Designated Mental Health Service

an Inpatient Assessment Order

a Community Assessment Order—that expires on:

(please cross one option only)

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date

time 24 hour

1. I have examined the above named person on.

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date

time 24 hour

2. I am satisfied that **all** the compulsory treatment criteria in section 143 of the **Mental Health and Wellbeing Act 2022** apply to the person:

- the person has mental illness; and
- because the person has mental illness, the person needs immediate treatment to prevent—
  - serious deterioration in the person’s mental or physical health; or
  - serious harm to the person or to another person; and
- the immediate treatment will be provided to the person if the person is subject to a Temporary Treatment Order; and
- there are no less restrictive means reasonably available to enable the person to receive the immediate treatment.

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

4. I base my opinion on the following:

5. I am satisfied that the immediate treatment the person needs:

- can** be provided in the community and make a **Community Temporary Treatment Order**; or
  - cannot** be provided in the community and make an **Inpatient Temporary Treatment Order**.
- (please cross one option only)

6. The designated Mental Health Service responsible for providing treatment to the person is:



MHWA110

ROLLS AUSTRALIA 1300 600 192

JULY 2023

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