



MHWA112

**Mental Health and Wellbeing Act 2022**  
**Section 205**  
**MHWA 112**  
**Revocation of Temporary Treatment**  
**Order or 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 if you determine the compulsory treatment criteria do not apply to the patient.

GIVEN NAMES	FAMILY NAME (BLOCK LETTERS)
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a patient of:

who is subject to: a Temporary Treatment Order a Treatment Order. <small>(please cross <input type="checkbox"/> one option only)</small>	Designated Mental Health Service
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- I am not satisfied** that all the following 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 or Treatment Order; and
  - there is no less restrictive means reasonably available to enable the person to receive the immediate treatment.
- The reasons for my decision are: \_\_\_\_\_

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

4. I revoke the person's:  
Temporary Treatment Order } on: 

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 at: 

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Treatment Order—on: } 

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(please cross  one option only)

Signature: \_\_\_\_\_ Date: 

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signature of Authorised Psychiatrist or Delegate

Given Names: \_\_\_\_\_ Family Name: \_\_\_\_\_

Designation: \_\_\_\_\_

ROLLS AUSTRALIA 1300 600 192

**JULY 2023**

