

**Mental Health and Wellbeing Act 2022
Section 217**

**MHWA 122
Revocation of leave of absence
for compulsory patient**

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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 when a leave of absence for a compulsory patient is revoked.

GIVEN NAMES

FAMILY NAME (BLOCK LETTERS)

a patient of:

who is subject to:

Designated Mental Health Service

- an Inpatient Temporary Treatment Order
- an Inpatient Treatment Order

(please cross one option only)

- an Inpatient Assessment Order
- an Inpatient Court Assessment Order

1. The abovenamed person was granted leave of absence for the period:

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to:

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date

date

for the purpose of:

2. I am satisfied that:

specify purpose of leave of absence

- revocation of the leave of absence is necessary to prevent:
 - serious deterioration in the person's mental or physical health; or
 - serious harm to the person or to another person
- the person has failed to comply with a condition of the leave of absence; or
- the purpose for the leave of absence no longer exists.

(please cross one or more relevant options)

3. The reasons for my opinion are:

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

5. I **revoke** the leave of absence on:

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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:



MHWA122

ROLLS AUSTRALIA 1300 600 192

JULY
2023

Original – medical record

Authority for use of chemical restraint

MHWA 143

