Mental Health and Wellbeing Act 2022
Section 221, 241, 547A and 576A

MHWA 124
Taking care and control of patient absent without leave

Mental Health Statewide UR Number

Local Patient Identifier										
FAMILY NAME										
GIVEN NAMES										
DATE OF BIRTH	SEX	GENDER								

Place patient identification label above

MHWA124

Instructions to complete this form

- This form must be completed by an Authorised Psychiatrist or Delegate to arrange for a person who is absent without leave to be transported to a Designated Mental Health Service.
- You must provide 24-hour contact details that an 'Authorised Person' can use to obtain further information or to arrange for the person to be received at the Designated Mental Health Service when they have been apprehended.
- Please cross ☒ relevant check boxes in each part.

GIVEN NAMES FAMILY NAME (BLOCK LETTERS)

a patient of:

Designated Mental Health Service

at:

address of Designated Mental Health Service

who is:

- ☐ subject to an Inpatient Temporary Treatment Order
- ☐ subject to an Inpatient Treatment Order
- ☐ subject to an Inpatient Assessment Order
- ☐ subject to an Inpatient Court Assessment Order
- ☐ a security patient
- ☐ a forensic patient

1. The abovenamed person is absent without leave from the Designated Mental Health Service.
   Specify the reason for the person being absent without leave, for example absconded from inpatient unit:

2. Description of person:
   ☐ Female
   ☐ Male Height: Weight: Eye colour:
   Specify other identifying information, such as hair colour, complexion, clothing, tattoos, scars, piercings:

(Further details may be attached)

3. Information that will assist with taking a person into care and control, such as urgency of apprehension, address where person may be found, typical behaviours, communication strategies, known risks, triggers, medical considerations:

(Further details may be attached)

4. 24-hour contact details: Telephone:

name of service 24-hour contact number

Signature: Date:

signature of Authorised Psychiatrist or Delegate

Given Names: Family Name:

Designation: Telephone:

Original – medical record *Make copy for relevant authorised person*

ROLLS AUSTRALIA 1300 600 192

JULY 2023

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