Mental Health and Wellbeing Act 2022
Sections 92 & 93

MHWA 130
Substitute consent to medical treatment by Authorised Psychiatrist

Mental Health Statewide UR Number

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

Place patient identification label above

MHWA130

Instructions to complete this form

- This form must be completed by an Authorised Psychiatrist or Delegate where a patient (compulsory, security or forensic) does not have capacity to give informed consent to a medical treatment, does not have an instructional directive consenting to the relevant medical treatment and there is no other person with legal authority who is reasonably available, willing, and able to make the decision (see notes 2 and 3 over page).

GIVEN NAMES

FAMILY NAME (BLOCK LETTERS) of patient

☐ a compulsory patient ☐ a security patient ☐ a forensic patient

a patient of: _____
Designated Mental Health Service

Medical condition: _____

Summary of medical treatment to be provided: _____

☐ The abovenamed person does not have capacity to give informed consent to the medical treatment and does not have a relevant instructional directive giving informed consent to the medical treatment.

☐ There is no other person with legal authority to make decisions about the medical treatment who is reasonably available, willing and able to make the decision about the treatment (see notes 2 and 3 on page 2).

☐ I am satisfied that the medical treatment will benefit the person (see note 4 on page 2).

☐ The medical treatment cannot be delayed until the person has recovered capacity to make the decision for themselves (see note 5 on page 2).

☐ I have given proper consideration to the decision-making principles for treatment and interventions in the making of a decision in respect of the treatment of the abovenamed person.

☐ I consent to the medical treatment being administered to, or performed on, the abovenamed person.

Signature: _____ Date:
signature of Authorised Psychiatrist or Delegate

Given Names: Family Name:

ROLLS AUATRALIA 1300 600 192

JULY 2023

Original – medical record