time 24 hour

	Mental Health and Wellbeing Act 2022	Local Patient Identifier		
	Sections 536, 541 & 570	FAMILY NAME		
	MHWA 150			
	Receipt of security or forensic patient	GIVEN NAMES		
		DATE OF BIRTH	SEX	GENDER
	Mental Health Statewide UR Number	Place patien	nt identification label abo	ove
Ins	structions to complete this form			
•	This form must be completed by a Registered Medical Practitioner or Authorised Mental Health Practitioner at the receiving Designated Mental Health Service. You should complete this form as soon as practicable after the person is received at the Designated Mental Health Service. Please cross 🗵 relevant check boxes in each part.			
	GIVEN NAMES	FAMILY NAME (BLC	OCK LETTERS) of person	on received
ар	patient of:			
		ated Mental Health Service		
1.	The abovenamed person is:			
	☐ a security patient subject to:			
	□ a Secure Treatment Order			
	□ a Court Secure Treatment Order			
	☐ a forensic patient who is:			
	☐ a person remanded in custody in a Designa			mes (Mental
	Impairment and Unfitness to be Tried) A			
	 a person committed to custody in a Designathe Crimes (Mental Impairment and Unfit Order') 			
	 a person detained in a Designated Mental F Crimes (Mental Impairment and Unfitnes 			
	Supervision Order') a person deemed to be a forensic patient b	v section 73E(4) or 73K(8) of the Crimes	· (Montal
	Impairment and Unfitness to be Tried) A	ct 1997 ('Interstate foren	nsic patient')	•
	a person detained in a Designated Mental F			0BM of the
	Crimes Act 1914 of the Commonwealth ('C ☐ a person who is an international forensic parts).			of the Crimes
	(Mental Impairment and Unfitness to be			
2.	The person was received at the abovenamed			

Designation: **Next steps**

Given Names:

Signature:

- In the case of a Security Patient only, an Authorised Psychiatrist or Delegate must ensure that a copy of this MHWA 150 - Receipt of security or forensic patient is sent to the Mental Health Tribunal.
- An Authorised Psychiatrist or Delegate must ensure reasonable steps are taken to notify the following persons (as applicable) that the person has been received at the Designated Mental Health Service:
 - the person's nominated support person

Designated Mental Health service on:

- a parent, if the person is under the age of 16 years
- a carer, if the receipt of the person will directly affect the carer and the care relationship

signature of practitioner

the person's guardian

Family Name:

Telephone:

date

Date:

- the Secretary, DFFH or delegate if that Secretary has parental responsibility for the person under a Relevant Child Protection Order.
- In the case of a Forensic Patient only, an Authorised Psychiatrist or Delegate must ensure that a copy of this MHWA 150 - Receipt of security or forensic patient is sent to the Health Secretary.

For both Security and Forensic Patients:

- The Designated Mental Health Service must ensure the primary non-legal mental health advocacy service provider is notified as soon as practicable after the Security/Forensic patient is received.
- The Authorised Psychiatrist or Delegate must ensure reasonable steps are taken to provide the Security/Forensic patient a statement of rights when they are received at a Designated Mental Health Service.

ROLLS AUSTRALIA 1300 600 192