

**Mental Health and Wellbeing Act 2022
Sections 546 and 547**

**MHWA 153
Revocation of leave of absence
for security patient**

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Mental Health Statewide UR Number

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|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Local Patient Identifier | | | | | | | | | | | | | | | | | | | |
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| |
|-------------|
| FAMILY NAME |
|-------------|

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|-------------|
| GIVEN NAMES |
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| | | |
|---------------|-----|--------|
| DATE OF BIRTH | SEX | GENDER |
|---------------|-----|--------|

Place patient identification label above

This form must be completed by an Authorised Psychiatrist or Delegate whenever a leave of absence for a Security Patient is revoked.

GIVEN NAMES

FAMILY NAME (BLOCK LETTERS)

a security patient of:

who is subject to:

a Secure Treatment Order

(please cross one option only)

a Court Secure Treatment Order

Designated Mental Health Service

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

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date

at:

| | | | |
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|--|--|--|--|

time 24 hour

to:

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date

at:

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time 24 hour

—for the purpose of:

specify purpose of leave of absence

2. I am satisfied that:

revocation of the leave of absence is necessary to prevent:

serious deterioration in the person's mental or physical health

serious harm to the person or to another person; or

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 **revoke** the leave of absence on:

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date

at:

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time 24 hour

Signature:

Date:

| | | | | | | | |
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signature of Authorised Psychiatrist or Delegate

Given Names:

Family Name:



MHWA153

ROLLS AUSTRALIA 1300 600 192

JULY
2023

