

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

**MHWA 124**

**Information to support transport and/or care  
and control of a patient absent without leave**

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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, Registered Medical Practitioner or Authorised Mental Health Practitioner to arrange for a person who is absent without leave to be transported to a Designated Mental Health Service.
- If completed by a Registered Medical Practitioner or an Authorised Mental Health Practitioner, authorisation to take into care and control of a person absent from leave must be provided by the Authorised Psychiatrist or Delegate.
- 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:

- |  |   |
|--|---|
| <input type="checkbox"/> subject to an Inpatient Temporary Treatment Order | <input type="checkbox"/> a security patient |
| <input type="checkbox"/> subject to an Inpatient Treatment Order           | <input type="checkbox"/> a forensic patient |
| <input type="checkbox"/> subject to an Inpatient Assessment Order          |   |
| <input type="checkbox"/> subject to an Inpatient Court Assessment Order    |   |

1. The above named 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:

\_\_\_\_\_

Are there safety concerns for health lead practitioners that requires police assistance?  Yes  No  
If yes, describe

\_\_\_\_\_

2. Are there current imminent and serious risks?  Yes  No  
If yes, please describe ie: Loss of life, serious physical injury, significant psychological harm or severe neglect resulting in physical or psychological harm.

\_\_\_\_\_

(Further details may be attached)

3. Description of person:  
Sex \_\_\_\_\_ Gender \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye colour: \_\_\_\_\_  
Specify other identifying information, such as hair colour, complexion, clothing, tattoos, scars, piercings:  
Does the person identify as Aboriginal and/or Torres Strait Islander  Yes  No

\_\_\_\_\_

(Further details may be attached)

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

\_\_\_\_\_

(Further details may be attached)

5. 24-hour contact details: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Name of service 24-hour contact number

COMPLETED BY

Name: \_\_\_\_\_ Designation: \_\_\_\_\_  
Authorised Psychiatrist or Delegate, Registered Medical Practitioner or Authorised Mental Health Practitioner

Date:

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AUG  
2025

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