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

MHWA 124

Information to support transport and/or care and control of a 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, 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 subject to:

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

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: _____ Date: ____ ____ ____ ____ ____ ____ ____ ____
Authorised Psychiatrist or Delegate, Registered Medical Practitioner or Authorised Mental Health Practitioner

6. AUTHORISED BY:

Name: _____ Designation: _____ Date: ____ ____ ____ ____ ____ ____ ____ ____
Authorised Psychiatrist or delegate

sales@allanbypress.com.au
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