	2 2 2 2 2 2 2 2 2 2 2 3 2 3 2 3 3 3 3 3
F	
L	
CAN H	
1	

FPTO TREATMENT PLAN AND LOCATION DETERMINATION

Complete details or affix label **ACT Health**

Mental Health, Justice Health, Alcohol & Drug Services (MHJHADS)

URN:	
Family name:	
Given names:	
DOB:	Gandar:

FPTO TREATMENT PLAN AND LOCATION **DETERMINATION**

Pursuant to Section 103(2) or 103(3) Mental Health	Act 2015
This form must be completed by the Chief Psychiat who is subject to a Forensic Psychiatric Treatment being made, or whenever the determination needs	Order (FPTO) within 5 working days of the order
This form may also be submitted as a treatment pla	an which accompanies an application for a FPTO
Name of person:	
·	
Posidontial Address:	

Date of birth:/	Treating Registrar:
Region:	Treating Psychiatrist:
Case Manager:	Date of FPTO:/

E	expiry of FPTO:	
Does the person have an Advance Agreement?	☐ Yes	□ No
Does the person have an Advance Consent Direction	?	□ No

CAT Orders (Complete	only after	ACAT has	made the	orde
--------------	----------	------------	----------	----------	------

In making the FPTO, has ACAT ordered that the person:

		•		
Be taken to an app	proved mental health facilit	y?	☐ Yes	☐ No

Be detained in the approved mental health facility?	☐ Yes	☐ No

Live in a stated place in the community	v?	☐Yes	□No
Live in a stated place in the community	у:	□ 1 C3	

If yes to any of the above, provide details:

(If yes to any of the above, the determination below must be consistent with ACAT's orders. The person does not need to be re-detained if ACAT has already ordered the detention.)

Treatment Plan (This section is to be completed for all persons)

Detail the nature of the psychiatric treatment to be given to the person:

This treatment does not, or is not likely to have, the effect of subjecting the person to undue stress or deprivation, having regard to the benefit to result from the treatment. Comment:	-
Inpatient Treatment Location (complete for inpatient treatment if admission/detention not ordered by ACAT)	
Does the person require admission to an approved mental health facility Yes No	
If yes, which facility or facilities? Any approved mental health facility, as clinically appropriate	
☐ The Canberra Hospital ☐ Calvary Public Hospital Bruce	
☐ Brian Hennessy Rehabilitation Centre ☐ Dhulwa Mental Health Unit (subject to DMHU approval)	
☐ University of Canberra Hospital	
Is the person required to be detained at the above facility/facilities? (s. 62(2)(a))	
If the person is detained, can the person be granted leave from the facility?	
Yes, when clinically indicated (A clinical decision about each episode of leave will be made on a case by case basis)	
☐ No, because the person remains in corrections, police or other court-ordered custody, or is subject to another order of the court or ACAT	-
Community Treatment Location (complete for people receiving treatment, care or support in the community)	
Detail the times when, and the place where, the person is required to attend to receive treatment, care	
or support.	2
	Z C C C C C C C C C C C C C C C C C C C
	NICA
	■
	F
	TIO/V
	FOR
	2
Is the person required to live (but not be detained) in a stated place? Yes No	
If yes, specify location:	
(Not to be completed if ACAT has already ordered the person to live in a stated place)	
Consultation with the Person	
Before making this determination:	
I have consulted with the person and their views are (please provide details):	
I have not consulted the person for the following reasons (please provide details):	

ACT Health	Complete details of	r affix label			
	URN:				
Mental Health, Justice Health, Alcohol & Drug Services (MHJHADS)	Family name:				
,	Given names:				
FPTO TREATMENT PLAN AND LOCATION DETERMINATION	DOB: G	ender:	nder:		
Consultation with Other People					
Before making this determination, I have consulted	with:	Yes	No	N/A	
Each person with parental responsibilities (if the person	is a child)				
The person's Guardian (if appointed under the Guardianship and Management of Property Act 1991)					
The person's Attorney (if appointed with an enduring power of attorney (EPOA) under the <i>Power of Attorney Act 2006</i>)					
The person's Health Attorney (the person's domestic partner, close family member, friend or carer consulted by treating team if no guardian, EPOA or Advance Consent Direction)					
The person's Nominated Person (if appointed under the Mental Health Act 2015)					
The person's carer (as defined in s. 12 of the Mental Health Act 2015)					
The General Manager of Custodial Operations or Community Corrections (ACTCS) (as appropriate, if person is a detainee, released on parole/license, serving a community-based sentence, or on supervised bail)					
The Director of the Bimberi Youth Justice Centre (if the person is a young detainee, young offender serving a community-based service or a child subject to supervised bail)					
Signature of Chief Psychiatrist or delegate					
Signature Print name		Da	ate		

A copy of this form must be:

- forwarded to the Tribunal Liaison Officer at TribunalLiaison@act.gov.au or fax 6244 4558
- scanned and entered into the person's electronic clinical record

This section to be completed by the Tribunal Liaison Officer:

- The Person who is the subject of the PTO
 Public Advocate of the ACT pa@act.gov.a
- Public Advocate of the ACT pa@act.gov.au or 6207 0688 (fax)
- ACT Civil and Administrative Tribunal <u>ACATMentalHealth@act.gov.au</u> or 6205 4855 (fax)

ш	ACT Civil and Administrative Tribunal <u>ACATIVE Italine act. gov. ad</u> of 0203 4000 (tax)				
and the following people, as relevant:					
	The person's Guardian		Each person with parental responsibilities		
	The Attorney		The person's carer		
	The Health Attorney		The person's Nominated Person		

5464(0818)