

STATEMENT OF ACTION TAKEN

(Apprehension by a Doctor or Mental Health Officer)

URN: _____

Family name: _____

Given names: _____

DOB: _____ Sex: _____

Section 83 of the Mental Health Act 2015

Name of person apprehended _____ Date of birth ____/____/____

Address _____

Time and date of apprehension: _____ am/pm ____/____/____

Time and date of arrival at approved mental health facility: _____ am/pm ____/____/____

Pursuant to Section 80 (2) of the Mental Health Act 2015 a doctor or mental health officer may apprehend a person and take the person to an approved mental health facility if the doctor or mental health officer believes on reasonable grounds that -

(a) The person has a (please tick appropriate box) mental disorder or mental illness

(b) And either: -

(i) the person requires immediate treatment, care or support; or

(ii) the person's condition will deteriorate within 3 days to such an extent that the person would require immediate treatment, care or support and;

(c) the person has refused to receive that treatment, care or support; and

(d) detention is necessary for the person's own health or safety, social or financial wellbeing, or for the protection of someone else or the public; and

(e) adequate treatment, care or support cannot be provided in a less restrictive environment

Pursuant to Section 83 (1)(c) of the Mental Health Act 2015 the following statement is provided detailing reasons for taking action: [attach a separate page if necessary]

Was any assistance or force, or forcible giving of medication needed to bring the person to hospital?

Yes No

If yes, pursuant to Section 83 (1)(d) of the Mental Health Act 2015, please detail the nature and extent of the force or assistance used to enter any premises, or to apprehend the person and take the person to the facility: [attach a separate page if necessary]

Pursuant to Section 83 (1)(f) Note anything else that happened when the person was being apprehended and taken to the facility that may have an effect on the person's physical or mental health.

PRINTED NAME OF APPREHENDING DOCTOR OR MENTAL HEALTH OFFICER:

Signature: _____ Date ____/____/____

Region: _____ Designation: _____

Pursuant to Section 83 (2)(a) of the Mental Health Act 2015, the person in charge of a facility who receives this statement, shall place this statement with the clinical record of the person whom it concerns.

Pursuant to Section 83 (2) the person in charge of the approved mental health facility must

(a) enter the statement in the person's record; and

(b) keep a register of any restraint, involuntary seclusion or forcible giving of medication included in the statement.

Original document must remain with the clinical record

Duplicate must be forwarded to the Tribunal Liaison Officer, Building 25, the Canberra Hospital and fax to: 6244 4558



DO NOT WRITE IN THIS BINDING MARGIN

ORIGINAL

STATEMENT OF ACTION TAKEN - BY A DOCTOR OR MENTAL HEALTH OFFICER

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PLEASE ENSURE THAT THIS FORM IS COMPLETED IN FULL



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DUPLICATE

20263(08/18)

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20263