



# COMMUNITY TREATMENT ORDER – LEVEL 1 – (MRMHA-A)

**1a** Affix patient identification label in this box

Hospital: .....

UR No: .....

Surname: .....

Given Name: .....

Second Given Name: .....

D.O.B: ..... Sex: .....

## 5. MAKING OF SOUTH AUSTRALIAN COMMUNITY TREATMENT ORDER FOR A PERSON SUBJECT TO AN INTERSTATE COMMUNITY TREATMENT ORDER

The above named person is subject to an interstate community treatment order.

I am seeking the making of a South Australian community treatment order by the Chief Psychiatrist under section 69 to ensure appropriate treatment and care for the person.

Documents required with this request:

- Copy of the interstate community treatment order.  
 Copy of interstate clinical and/or discharge documents.

## 6. HEALTH PROFESSIONAL MAKING REQUEST

Full Name <i>(Please print)</i> :	Psychiatrist <input type="checkbox"/> Director <input type="checkbox"/> Delegate <i>(post consultation with director or psychiatrist)</i> <input type="checkbox"/>
Signature	___ / ___ / 20 ___ at ___ : ___ (24-hour clock)
Health service/agency <i>(Please print)</i> :	

## 7. COMMUNITY TREATMENT ORDER

I am satisfied that the above named person is subject to a community treatment order in another state or territory and I therefore order that the person be treated under a level 1 community treatment order in South Australia.

**This order expires:** \_\_\_ / \_\_\_ / 20 \_\_\_ at 14:00 (24-hour clock)

*(Expiry must be at 14:00 on a business day not later than **42 days** after the day on which it was made, unless varied or revoked).*

## 8. CHIEF PSYCHIATRIST MAKING ORDER

Full Name <i>(Please print)</i> :	Chief Psychiatrist
Signature	___ / ___ / 20 ___ at ___ : ___ (24-hour clock)

## 9. HEALTH SERVICE / AGENCY OBLIGATIONS

The person must be given a copy of this form as soon as practicable.

The person must be given a copy of Statement of Rights #3 as soon as practicable.

The guardian, substitute decision maker (medical agent), relative, carer or friend must be given a copy of this form (if appropriate) as soon as practicable.

The guardian, substitute decision maker (medical agent), relative, carer or friend must be given a copy of statement of rights #3 (if appropriate) as soon as practicable.

The Chief Psychiatrist must be sent a copy of page 1 of this form (unless it's an interstate matter) within 1 business day.

The reasons for the making of this order, the provision of copies and making of notifications must be noted in the person's medical records and/or casenotes, whether electronic or paper-based.

<b>Office of the Chief Psychiatrist</b>	Inquiries: (08) 8226 1091	Act Forms Fax: (08) 8115 5551
Internet: <a href="http://www.chiefpsychiatrist.sa.gov.au">www.chiefpsychiatrist.sa.gov.au</a>	Act Forms Email: <a href="mailto:HealthOCPMHLO@sa.gov.au">HealthOCPMHLO@sa.gov.au</a>	