

**CONFIRMATION or
REVOCAION of a
TREATMENT ORDER
(MRMHA-C)**

1a.

Affix patient identification label in this box

Hospital:
UR No:
Surname:
Given Name:
Second Given Name:
D.O.B: Sex:

Mental Health Act 2009 – Section 10, 21, 25

1b. PERSON ADDRESS DETAILS (if not on or different from patient label above)

Address:
Suburb/town: Postcode: _____

2. EXAMINATION OF PERSON

I have examined the above named person on:
_____ / _____ / 20 ____ at ____ : ____ (24-hour clock)

Location of examination:
Please specify: emergency dept, ward and hospital, community mental health site, GP clinic or residence.

3. CONFIRMATION OF A LEVEL 1 TREATMENT ORDER

I have examined the person and **am satisfied** that the grounds for the making of the

- Level 1 community treatment order, or
 Level 1 inpatient treatment order

Made on ____ / ____ / 20 ____ continue to exist.

I hereby **confirm** the order.

OR

4. REVOCATION OF A TREATMENT ORDER

I have examined the person and **am not satisfied** that the grounds for the

- Level 1 community treatment order made, or
 Level 1 inpatient treatment order made, or
 Level 2 inpatient treatment order made, or
 Level 2 inpatient treatment order extended

On ____ / ____ / 20 ____ continue to exist.

I hereby **revoke** the order.

5. PSYCHIATRIST or AUTHORISED MEDICAL PRACTITIONER REVIEWING THE ORDER

Full Name (Please print):	Psychiatrist <input type="checkbox"/> Authorised Medical Practitioner <input type="checkbox"/>
Signature:	_____ / _____ / 20 ____ at ____ : ____ (24-hour clock)

Health service/agency (Please print):

Office of the Chief Psychiatrist	Inquiries: (08) 8226 1091	Act Forms Fax: (08) 8115 5551
Internet: www.chiefpsychiatrist.sa.gov.au	Act Forms Email: HealthOCPMHLO@sa.gov.au	

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6. STATEMENT OF REASONS

The psychiatrist or authorised medical practitioner confirming a level 1 treatment order must make a **statement of reasons** describing the reasons for the confirmation of the order. The statement of reasons must be made as soon as practicable using **Form MRMHA-E**.

7. HEALTH SERVICE / AGENCY OBLIGATIONS

The person must be given a copy of the revocation of a treatment order as soon as practicable.

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

Note: Copies of the confirmation of an order do not need to be given to the patient or a guardian, substitute decision maker (medical agent), relative, carer or friend.

The Chief Psychiatrist must be sent a copy of page 1 of this form within 1 business day.

The reasons for the confirmation or revocation of an 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.

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Please do not mark this section.*