

# INPATIENT TREATMENT ORDER – LEVEL 2 – (MRMHA-D)

**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—Sections 25, 26, 27*

**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. INPATIENT TREATMENT ORDER** (Psychiatrist or Authorised Medical Practitioner)

I have examined the above named person, and am satisfied that all the following criteria for a **Level 2 Inpatient Treatment Order** are fulfilled:

1. The person has a mental illness; **and**
2. Because of the mental illness, the person requires treatment for their own protection from mental or physical harm (including harm involved in the continuation or deterioration of their condition) or for the protection of others from harm; **and**
3. The person has impaired decision-making capacity relating to the treatment of their mental illness, **and**
4. There is no less restrictive means than a Inpatient Treatment Order of ensuring appropriate treatment of the person's illness.

**NOTE:** Consideration must be given, amongst other things, as to whether the person could receive all treatment of the illness necessary for the protection of the person and others on a voluntary basis or in compliance with a Community Treatment Order.

I therefore:

- Make a level 2 Inpatient Treatment Order, or
- Extend an existing level 2 Inpatient Treatment Order

and order that the person be involuntarily treated in an approved treatment centre.

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

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

**NOTE:** The extension of a level 2 Inpatient Treatment Order commences at the expiry date and time of the original level 2 Inpatient Treatment Order. The extension of a level 2 Inpatient Treatment Order can only be made within 24 hours, or as soon as practicable, before the expiry of the original order.

**NOTE:** The extension of a level 2 Inpatient Treatment Order must be made by a psychiatrist or authorised medical practitioner different to the one who made the original level 2 Inpatient Treatment Order.

The patient must be informed that they are subject to an order or extension as soon as clinically indicated.

**4. PSYCHIATRIST OR AUTHORISED MEDICAL PRACTITIONER MAKING OR EXTENDING ORDER**

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

<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>	

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**5. REPORT to DIRECTOR of APPROVED TREATMENT CENTRE**

The psychiatrist or authorised medical practitioner making or extending the order must make a **report to the director** describing the reasons for the making or extension of the order. The report to the director must be made as soon as practicable using **form MRMHA-E** and sent to the Director of the Approved Treatment Centre.

A copy of the report must be sent to the Chief Psychiatrist.

**6. 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 #4 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 #4 (if appropriate) as soon as practicable.

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

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Please do not mark this section.*