PSYCHIATRIST ENDORSED – TREATMENT AND CARE PLAN

(MRMHA-G)

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 7(1)(c), 39, 40, 41

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

Address: ....

Suburb/town: .... Postcode: ___ ___ ___ ___

2. TREATMENT AND CARE PLAN

The Act requires a treatment and care plan for most patients. The Chief Psychiatrist has determined when the Mental Health Care Plan (nursing and allied health content) and this Form (medical content) must be used, as indicated below. *(See the Chief Psychiatrist Standard – Treatment and Care Plans for more information).*

Patient Type	Mental Health Care Plan *	Form G
Voluntary community patient	Mandatory	*Where possible*
Voluntary inpatient	Mandatory	*Where possible*
Community treatment order level 1	Mandatory	Mandatory
Community treatment order level 2	Mandatory	Mandatory
Inpatient treatment order level 1	*Where possible*	*Where possible*
Inpatient treatment order level 2	Mandatory	Mandatory
Inpatient treatment order level 3	Mandatory	Mandatory

*The Mental Health Care Plan must be prepared and revised, as far as practicable, with the patient and the carer (if appropriate).

Private voluntary community patients and private voluntary inpatients must also have a treatment and care plan. The private treatment and care plan must include content equivalent to this form and must be prepared and revised, as far as practicable, with the patient and the carer (if appropriate).

Reason for treatment

Mental illness *(actions, appearance, behaviour, beliefs, history, mood, speech, thoughts)*
Risk of harm *(harm to mental or physical health from continuation or deterioration of condition, harm to self, harm to others)*
Impaired decision making capacity *(inability to understand, retain, use or communicate information relating to treatment of the mental illness)*

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Current treatment

(medication, socialisation, psychological interventions, occupational therapy, other)

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Medical comorbidities (and treatment)

(alcohol, disability, physical health, substance abuse)

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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

SA Health

Created May 2017

Sensitive: Medical *(When completed)* - I2 - A2

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Please use black ballpoint pen when completing this form

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2. TREATMENT AND CARE PLAN *(continued)*

Psychosocial considerations (and management)
(accommodation, dependents, education, employment, justice system, relationships)

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Other agencies / individuals providing care
(carer, GP, housing provider, local council, NGO, other Government agency, volunteer)

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Future care / Discharge plan
Proposed treatment *(medication, socialisation, psychological interventions, occupational therapy, other)*
Responsible agency / individual *(same service, different service, NGO, GP, carer, self-care)*
Discharge arrangements *(ongoing care, care discharge retaining clinical supervision, full discharge)*

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Relapse prevention
(early warning signs, relapse prevention strategies, agencies/individuals involved)

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3. PSYCHIATRIST or AUTHORISED MEDICAL PRACTITIONER MAKING PLAN

Full Name *(Please print)*:	Designation:
Signature:	__ __ /__ __ / 20 __ __ at __ __ : __ __ (24-hour clock)
Health service/agency *(Please print)*:	

4. HEALTH SERVICE / AGENCY OBLIGATIONS

This form must be completed and placed in the person's medical records and/or casenotes, whether electronic or paper-based.