

PATIENT ASSISTANCE REQUEST (MRMHA-J)

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 54A

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

Address:

Suburb/town: Postcode: _____

2. PATIENT ASSISTANCE REQUEST

This Patient Assistance Request is issued for the above named person who is subject to a Community Treatment Order and has not complied with the requirements of the order.

I hereby request authorised officers* and/or police officers, using their care and control powers conferred under sections 56, 57, 58 and 59 of the Act to provide assistance to enable the treatment of the above named person in accordance with their Community Treatment Order.

* Section 3 of the Act defines an authorised officer as:

- a) a mental health clinician, or
- b) an ambulance officer, or
- c) a medical officer or flight nurse of the Royal Flying Doctor Service, or
- d) a person of a class gazetted by the Chief Psychiatrist, or
- e) a person of a class prescribed by the regulations.

3. LOCATION and ASSISTANCE REQUESTED

Location of patient:

.....

Assistance requested:

.....

4. HEALTH PROFESSIONAL MAKING REQUEST

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

5. 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 the Statement of Rights #2 as soon as practicable.
A guardian, substitute decision maker (medical agent), relative, carer or friend must be given a copy of this form (if appropriate), as soon as practicable.
A guardian, substitute decision maker (medical agent), relative, carer or friend must be given a copy of statement of rights #2 (if appropriate), as soon as practicable.
The Chief Psychiatrist must be sent a copy of this form within 1 business day.
The reasons for the making of this request, 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.

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	

