

## Mental Health Act 2009

# Forms

The forms required to carry out *Mental Health Act 2009* and Chief Psychiatrist Standard powers and functions commencing from 5 June 2017 are:

| Form Number | Form Title   | Pages Required        | Act Section               |
|-------------|--|-----------------------|---------------------------|
| MRMHA-A     | Community Treatment Order Level 1  | Page 1 * <sup>1</sup> | 10(3)                     |
| MRMHA-B     | Inpatient Treatment Order Level 1  | Page 1 * <sup>1</sup> | 21(3)                     |
| MRMHA-C     | Confirmation or Revocation of a Treatment Order                            | Page 1                | 10(8),<br>21(8),<br>25(9) |
| MRMHA-D     | Inpatient Treatment Order Level 2  | Page 1                | 25(5)                     |
| MRMHA-E     | Statement of Reasons and Report to Director                                | Page 1 & 2            | 26(4), * <sup>3</sup>     |
| MRMHA-F     | Leave of Absence   | Page 1 * <sup>2</sup> | 37(1)                     |
| MRMHA-G     | Psychiatrist Endorsed Treatment and Care Plan                              | Page 1 & 2            | 39, 40, 41                |
| MRMHA-H1    | Checklist for Community Treatment Orders                                   | -                     | -                         |
| MRMHA-H2    | Checklist for Inpatient Treatment Orders                                   | -                     | -                         |
| MRMHA-I     | Patient Transport Request  | Page 1                | 55(2)                     |
| MRMHA-J     | Patient Assistance Request   | Page 1                | 54A(2)                    |
| MRMHA-K     | Transfer of an Involuntary Inpatient Between Treatment Centres / Hospitals | Page 1                | 35(4)                     |
| MRMHA-L     | Consent to Electro-Convulsive Therapy                                      | Page 1                | 42(7)                     |
| MRMHA-M     | Administration of an Episode of Emergency ECT without Consent              | Page 1                | 42(7)                     |
| MRMHA-N     | Application for Neurosurgery for Mental Illness                            | Page 1 & 2            | 43(1a)                    |
| MRMHA-O     | Consent for Sharing Information  | Page 1                | 90, * <sup>4</sup>        |
| MRMHA-P     | Consent for a Solicitor to View Records for a Review of a Treatment Order  | Page 1                | 90, * <sup>4</sup>        |
| MRMHA-Q     | Solicitor Undertaking not to Disclose Information to Patient               | Page 1                | 90, * <sup>4</sup>        |
| MRMHA-R     | Interstate Request   | Page 1                | 74(1),<br>75(2)           |
| MRMHA-S     | Treatment in South Australian under an Interstate Order                    | Page 1                | 68(2),<br>76(1)           |
| MRMHA-T     | Interstate Transfer Request  | Page 1 & 2            | 70(3),<br>71(2)           |

\*<sup>1</sup> Page 2 is required for interstate matters only.

\*<sup>2</sup> Page 2 is required for cancellation of a Leave of Absence only.

\*<sup>3</sup> Also subsection 35(2) of the *South Australian Civil and Administrative Tribunal Act 2013*.

\*<sup>4</sup> Also *Chief Psychiatrist Standard – Patient and Solicitor Access to Patient Records*.

## For more information

Office of the Chief Psychiatrist  
PO Box 287 Rundle Mall, Adelaide SA 5000  
Telephone: (08) 8226 1091

[www.chiefpsychiatrist.sa.gov.au](http://www.chiefpsychiatrist.sa.gov.au)

Public-I1-A1

© Department for Health and Ageing, Government of South Australia. All rights reserved.



[www.ausgoal.gov.au/creative-commons](http://www.ausgoal.gov.au/creative-commons)



Government  
of South Australia

SA Health