

Protective Division – Mental Health Stream

Mental Health Act 2013

|  |
| --- |
| **Treating Psychiatrist Report****Review of s88 authorisation of treatment** |
| Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DoB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Affix Patient I.D. Label Here |

In conducting the review, the Tribunal needs to consider whether or not the s 88 authorisation is to be affirmed, varied or revoked. To be able to reach a decision the Tribunal requires the following information as to the current position in respect to the patient:

**What date(s) did you last assess/consult with the patient?**

**What is the patient’s diagnosis and, what are the current symptoms?**

**Has there been any alteration in the patient’s diagnosis since the initial authorisation for treatment, and if so, why?**

**Please give a brief outline of the patient’s current treatment. In doing so, please identify any changes since the initial authorisation for treatment or the last review of the authorisation.**

**Does that patient’s mental illness continue to, or continue to be likely to, seriously harm the patient’s health and/or safety; or the safety of others?**

[ ] Yes [ ]  No

***If YES, what are the ongoing risks of harm? Have there been any change(s) to the risks previously identified?***

**Does the current treatment authorised continue to provide appropriate and effective treatment of the patient?** [ ] Yes [ ]  No

***If YES, explain how?***

**Does the patient lack capacity to give informed consent to treatment?** [ ] Yes [ ]  No

***If YES, state the current reasons the patient lacks capacity to give informed consent to their treatment*.**

**Do you seek any variation to the authorisation for treatment (for example, to the place and/or type of treatment and length of order?)** [ ] Yes [ ]  No

***If YES, what variations are being sought and why?***

**Has the patient been consulted in respect to any variation and if so, what was their response?** [ ] Yes [ ]  No

**Is there any other information relevant to the review you wish to submit to the Tribunal?**

I have:

[ ]  provided a copy of this s88 review report to the patient

[ ]  placed a copy of this s88 review report on the patient’s clinical records

|  |
| --- |
| **Signed by the Treating Consultant/Registrar** |
|  |
| **Print name** |  |
| **Dated** |  |

All correspondence to the Tribunal should be emailed to: applications.mentalhealth@tascat.tas.gov.au

Deputy Registrar

Protective Division – Mental Health Stream

TASCAT

GPO Box 1311

HOBART TAS 7001

Telephone: 1800 657 500