

Protective Division – Mental Health Stream

Mental Health Act 2013

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| **Treating Psychiatrist Report****60 & 180 Day Reviews** |
| Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DoB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Affix Patient I.D. Label Here |

**Please tick: 60 Day Review** [ ]  **180 Day Review** [ ]

In reviewing the existing order for your patient, the Tribunal needs to consider the following information:

**What was the date you last assessed this person?**

**What is the patient’s diagnosis?**

**What are the patient’s current symptoms of mental illness?**

**Has there been any alteration to the initial diagnosis made at the time of making the Treatment Order, and if so, why?**

**Since the last Tribunal Hearing, have there been any changes to the patient’s:**

**Treatment** [ ] Yes [ ]  No

**Management** [ ]  Yes [ ]  No

**Place of Treatment** [ ]  Yes [ ]  No

**If yes to any of the above, what changes have occurred, and why?**

**Does the 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 changes to the risks previously identified?**

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

**If yes, explain how:**

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

**If yes, state the current reasons the patient lacks capacity to give informed consent:**

**Are there currently any less restrictive alternatives for treatment of the patient other than continuing to be subject to a Treatment Order?** [ ]  Yes [ ]  No

**If yes, what are those alternatives?**

**Do you seek any variation to the Treatment 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 60/180 day review report to the patient

[ ]  placed a copy of this 60/180 day review report on the patient’s clinical records

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| **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

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