



FAMILY NAME		MRN
GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____ / ____ / ____		M.O.
ADDRESS		
LOCATION / WARD		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

Facility:

FORM 1
CLINICAL REPORT AS TO MENTAL STATE OF A DETAINED PERSON



SMR025110

FORM 1

(Mental Health Regulation 2019 (Clause 5) and
(Mental Health Act 2007, section 27 or 27A)

CLINICAL REPORT AS TO MENTAL STATE OF A DETAINED PERSON

This report is made as:

(tick one box only)

- a certificate of the opinion of an authorised medical officer after examination of a person under the Act, section 27(1)(a) (initial examination).
- advice by a medical practitioner to an authorised medical officer under the Act, section 27(1)(b) or (c)(further examination).

OR, if it is not reasonably practicable for an authorised medical officer of a mental health facility or other medical practitioner to personally examine a person or observe the person's condition for the purpose of determining under the Act, section 27, whether the person is a mentally ill person or a mentally disordered person:

This report is made as:

(tick one box only)

- a certificate of the opinion of a medical practitioner after examination of a person using an audio visual link in accordance with the Act, section 27A(1)(a).
- a certificate of the opinion of an accredited person authorised by the medical superintendent of (name of mental health facility) to personally examine a person in accordance with the Act, section 27A(1)(b)(i).
- a certificate of the opinion of an accredited person authorised by the medical superintendent of (name of mental health facility) to examine a person using an audio visual link in accordance with the Act, section 27A(1)(b)(ii).

Note 1. For examinations under the Act, section 27A, an accredited person and a medical practitioner who is not a psychiatrist must, if it is reasonably practicable to do so, seek the advice of a psychiatrist before making a determination as to whether the person is a mentally ill person or a mentally disordered person. See the Act, section 27A(4).

Note 2. A medical practitioner or accredited person must not carry out an examination or observation using an audio visual link unless the medical practitioner or accredited person is satisfied that the examination or observation can be carried out in those circumstances with sufficient skill and care so as to form the required opinion about the person. See the Act, section 27A(3).

Note 3. Under the Act, section 72B, an authorised medical officer or other medical practitioner or accredited person who examines a person under the Act, sections 27 and 27A, must consider any information provided by the following persons, if it is reasonably practicable to do so:
(a) any designated carer, principal care provider, relative or friend of the patient or person,
(b) any medical practitioner or other health professional who has treated the patient or person in relation to a relevant matter,
(c) any person who brought the patient or person to the mental health facility.

Holes Punched as per AS2828.1: 2019
BINDING MARGIN - NO WRITING

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FORM 1
CLINICAL REPORT AS TO MENTAL STATE OF A DETAINED PERSON
SMR025.110



FAMILY NAME

MRN

GIVEN NAME

MALE FEMALE

D.O.B. ____/____/____

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**FORM 1
CLINICAL REPORT AS TO MENTAL
STATE OF A DETAINED PERSON**

LOCATION / WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

I, the undersigned, a registered medical practitioner / an accredited person, on/...../.....
examined by audio-visual link / personally examined (cross out as relevant) (date)

.....
(patient's name)

a person detained at
(name of mental health facility)

In my opinion
(patient's name)

(tick one box only)

- is not a mentally ill or mentally disordered person;
- is a mentally ill person;
- is a mentally disordered person.

STRIKE THROUGH UNUSED SECTIONS OF THE FORM (IF NOT APPLICABLE)

The basis for my opinion is as follows:

(Reported behaviour of the patient)**

[list behaviour(s)]

.....
.....
.....

*(**This report may be continued on a separate page, if necessary.)*

(Observations I made of the patient)

[list observations]

.....
.....
.....
.....

(Conclusion)

[insert conclusion]

.....
.....
.....

Name of registered medical practitioner / accredited person:

Qualifications as a psychiatrist (if applicable):
.....
.....

Signature: Date / /

Note. This report is for the use of a legal tribunal. Therefore, it should not be written in technical medical language.

Holes Punched as per AS2828.1: 2019
BINDING MARGIN - NO WRITING

