|  |  |  |
| --- | --- | --- |
|  | |  |
| Medical report for mental health applications | |
|  | This form gathers information from a doctor, psychologist or psychiatrist about a person’s mental illness in relation to a Level 2 Community Treatment Order or a Level 3 Inpatient Treatment Order | |

The South Australian Civil and Administrative Tribunal (SACAT) requires written evidence from a doctor, psychologist or psychiatrist in respect to the person’s mental illness, history of hospitalisation and detention (if applicable), treatment, refusal to undergo authorised treatment, risk to self or others & the length of the order being applied for.

|  |  |  |
| --- | --- | --- |
| **What to do** | Complete this form and return to SACAT  a Word version of this form is available under ‘Mental Health’ at www.sacat.sa.gov.au | |
| Email | **sacat@sacat.sa.gov.au** |
| Facsimile | **8124 1496** |
| Post | **GPO Box 2361 ADELAIDE SA 5001** |
| **Why** | This form provides supporting information for either a Level 2 Community Treatment Order or a Level 3 Inpatient Treatment Order application. | |
| **Any questions?** | Call us on 1800 723 767 | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **The person** | | | | | |
| **Title** | | **Ms**  **Mr**   **Mrs**   **Dr** **Other (please specify)** | | | |
| **Given name(s)** | | |  | **Family name** |  |
| **Date of Birth** | | | **/    /** | **Gender** | Male  Female |
|  | | | | |  |
| **Date you last saw the person?** | | | | | **/    /** |
| **How long have you known the person?** | | | | |  |
| **How many times you have seen the person in the past 12 months?** | | | | |  |
| **What is your professional relationship to the person?** | | | | |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Details of the doctor or psychologist** | | | | | | | | | | |
| **Title** | **Ms**  **Mr**   **Mrs**   **Dr** **Other (please specify)** | | | | | | | | | |
| **Given name(s)** | |  | **Family name** | | |  | | | |
| **Postal address** | |  | | | | | | | |
| **Suburb** | |  | | **State** |  | | | **Postcode** |  |
| **Telephone** | |  | | **Mobile** | | | |  | |
| **Email** | |  | | | | | | | |
| **Signature** | |  | | **Date** | | | **/    /** | | |

|  |
| --- |
| 1. **Diagnosis and assessment** |
| Specific diagnosis:  Approximately how long has the person had the mental illness?  **MENTAL ILLNESS** (*mental illness* means any illness or disorder of the mind)   * Current Diagnosis, when it was made and by whom * Any prior diagnoses and when they were made * A brief history of the course of the illness of the patient |
|  |

|  |
| --- |
| 1. **Details of Hospitalisation & Detention (if applicable)** |
| * Summary of current & recent hospitalisations & detentions |
|  |

|  |
| --- |
| 1. **Treatment** |
| * Outline past treatments & response to treatments   Current treatment & response to current treatment |
|  |

|  |
| --- |
| 1. **Decision-making capacity** |
| * Does the person have impaired decision making capacity in relation to appropriate treatment for their mental illness? |
|  |

|  |
| --- |
| 1. **Detail refusal or failure to undergo authorised treatment** |
| * Outline previous failure or refusal to undergo treatment and the source of this information (e.g. patient, family, hospital notes or community treatment team records) * Relevant factors in likelihood of future failure or refusal to undergo treatment |
|  |

|  |
| --- |
| 1. **Is there a less restrictive treatment option?** |
| * Outline previous failure or refusal to undergo treatment and the source of this information (e.g. patient, family, hospital notes or community treatment team records) * Relevant factors in likelihood of future failure or refusal to undergo treatment |
|  |

|  |
| --- |
| 1. **Is treatment required for protection of patient from harm and / or the protection of others?** |
| * Previous incidents of risk or harm to the patient & the source of this information * Previous incidents of risk or threat of harm and need for protection of others, when they occurred, and the source of this information |
|  |

|  |
| --- |
| 1. **Length of Order** |
| * Outline reasons for the proposed length of the order |
|  |

|  |
| --- |
| 1. **Purpose of Order** |
| * What is intended to be achieved by the Level 2 Community Treatment Order or Level 3 Inpatient Treatment Order |
|  |

|  |
| --- |
| 1. **Any other information that may be relevant to this application** |
|  |