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| 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.

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| **What to do** | Complete this form and return to SACATa 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 |

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| 1. **The person**
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| **Title** | [ ]  **Ms** [ ]  **Mr**  [ ]  **Mrs**  [ ]  **Dr** **Other (please specify)**       |
| **Given name(s)**  |  | **Family name**  |  |
| **Date of Birth** | **/    /**  | **Gender** | **[ ]** Male [ ]  Female |
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| **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?** |  |

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

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| 1. **Diagnosis and assessment**
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| 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
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| 1. **Details of Hospitalisation & Detention (if applicable)**
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| * Summary of current & recent hospitalisations & detentions
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| 1. **Treatment**
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| * Outline past treatments & response to treatments

Current treatment & response to current treatment |
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| 1. **Decision-making capacity**
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| * Does the person have impaired decision making capacity in relation to appropriate treatment for their mental illness?
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| 1. **Detail refusal or failure to undergo authorised treatment**
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| * 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
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| 1. **Is there a less restrictive treatment option?**
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| * 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
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| 1. **Is treatment required for protection of patient from harm and / or the protection of others?**
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| * 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
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| 1. **Length of Order**
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| * Outline reasons for the proposed length of the order
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| 1. **Purpose of Order**
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| * What is intended to be achieved by the Level 2 Community Treatment Order or Level 3 Inpatient Treatment Order
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| 1. **Any other information that may be relevant to this application**
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