

CHIEF CIVIL PSYCHIATRIST APPROVED FORM 6



ASSESSMENT ORDER

Mental Health Act 2013
Sections 23 - 35

TCHI (Patient ID): _____
 Family Name: _____
 Given Names: _____
 Date of Birth: __ / __ / __ Gender: M F TG / IT
 Address: _____
 Telephone: _____ Mobile: _____

AFFIX STICKER HERE

PART A: ASSESSMENT ORDER



A medical practitioner may make an Assessment Order (AO) in respect of a person in, and only in, the following circumstances:

The medical practitioner must have examined the person
 The examination must have been done in the 24 hour period immediately before the assessment order is made
 The medical practitioner must be satisfied from the examination that the person needs to be assessed against the assessment criteria
 The medical practitioner must be satisfied that a reasonable attempt to have the person assessed, with informed consent, has failed or that it would be futile or inappropriate to make such an attempt.

A medical practitioner may make an AO authorising a patient's admission to and, if necessary, detention in an approved hospital.

However, a medical practitioner may not make an AO authorising a patient who is a child to be admitted to and, if necessary, detained in an approved hospital unless the practitioner is satisfied that the hospital has facilities and staff for the patient's assessment and that the hospital is, in the circumstances, the most appropriate place to accommodate the patient. Assessment at the Roy Fagan Centre or Millbrook Rise centre should be recommended only if there is a prior arrangement to this effect.

An AO takes effect as soon as it is signed by the medical practitioner who makes it and ceases to have effect 24 hours after it is made if, by then, it has not been discharged AND has either not been affirmed or has been affirmed but not extended in operation.

I, _____
 (Medical Practitioner - name in full - use BLOCK letters)

examined

_____ (Prospective patient - name in full - use BLOCK letters)

on the _____ day of _____ 20 _____ at _____:
 (day) (month) (year) (time - 24 hr)

I affirm the following matters:

1. I am satisfied from the examination that the prospective patient needs to be assessed against the assessment criteria.
2. I am also satisfied that [~~strike out alternative that is not applicable~~]:
 - (a) a reasonable attempt to have the prospective patient assessed with informed consent has failed
 - (b) it would be futile or inappropriate to attempt to have the prospective patient assessed with informed consent.

The assessment setting for the prospective patient is:

- NWRH (Burnie) LGH RHH Roy Fagan Centre* Millbrook Rise Centre*
 Other _____

The Order does/does not authorise the patient's admission to and detention in an approved hospital.

Made and signed this _____ day of _____ 20 _____ at _____:
 (day) (month) (year) (time - 24 hr)

Signature: _____

COPY TO: Patient AMP who is likely to do the assessment Controlling authority of the approved facility where the patient is to be assessed LOC If patient is a child or if there is consent - patient's parent/support person/representative

OTHER: Statement of Rights Explanation to patient in language and form that patient can understand

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PART B: INSTRUMENT OF AFFIRMATION



Once an Assessment Order (AO) has taken effect, the patient subject to the Order must be independently assessed within 24 hours unless the Order is sooner discharged.

The assessment will be independent if it is done by an Approved Medical Practitioner (AMP) other than the Medical Practitioner who applied for or made the Order.

On assessing the patient, the AMP must immediately affirm or discharge the Assessment Order.

To affirm the AO, the AMP must be satisfied that:

The patient meets the assessment criteria, and

The order has not already been discharged.

The assessment criteria are set out at section 25 of the Act.

If the AMP affirms the AO, he or she may simultaneously extend its operation, once, by a period not exceeding 72 hours commencing from the time of affirmation.

I, _____
 (Approved Medical Practitioner - name in full - use BLOCK letters)

independently assessed

_____ (Patient - name in full - use BLOCK letters)

on the _____ day of _____ 20 ____ at ____:____
 (day) (month) (year) (time - 24 hr)

I certify that:

1. I am a different medical practitioner to the medical practitioner who applied for, or made, the Assessment Order to which the patient is subject, and
2. The Assessment Order to which the patient is subject has not already been discharged, and
3. The patient meets the assessment criteria, as follows:

(a) The patient has, or appears to have, a mental illness that requires or is likely to require treatment for the person's health or safety or the safety of other persons

Reasons: _____

(b) The patient cannot be properly assessed with regard to the mental illness or the making of a treatment order except under the authority of the assessment order

Reasons: _____

(c) The person does not have decision making capacity

Reasons: _____

I affirm the Assessment Order and either [~~strike out alternative that is not applicable~~]:

1. Extend the Order's operation by a period not exceeding _____ hours with effect from this _____ day of _____ 20 ____ at ____:____, or
2. Do not extend the Order's operation.

Unless the Assessment Order is sooner discharged or a Treatment Order is made, the Order will cease to have effect on the

on the _____ day of _____ 20 ____ at ____:____
 (day) (month) (year) (time - 24 hr)

Signature: _____

COPY TO: Patient Medical practitioner who made the Order CCP Tribunal If patient is to be, or is likely to be, assessed in an approved facility - controlling authority of that facility LOC If patient is a child or if there is consent - patient's parent/support person/representative **OTHER:** Explanation to patient in language and form that patient can understand

CONTACT DETAILS: MHT: Phone: (03) 6165 7491 Email: mht.applications@justice.tas.gov.au

CCP: Phone: (03) 6166 0781 Fax No: (03) 6230 7739 Email: chief.psychiatrist@dhhs.tas.gov.au

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PART C: DISCHARGE PAPER



An Assessment Order may be discharged at any time for sufficient cause by the medical practitioner who made the Order, by any Approved Medical Practitioner, or by the Tribunal.

A medical practitioner has sufficient cause to discharge an Assessment Order if he or she is satisfied, after examining the patient or on other reasonable grounds, that the patient does not meet the assessment criteria.

The assessment criteria are set out in section 25 of the Act.

I, _____
 (Medical Practitioner - name if full - use BLOCK letters)

am satisfied [*strike out alternative that is not applicable*]:

(a) after examining

 (Patient - name if full - use BLOCK letters)

on the _____ day of _____ 20 ____ at _____:
 (day) (month) (year) (time - 24 hr)

(b) on the following other reasonable grounds:

that the patient does not meet the assessment criteria.

Discharged this _____ day of _____ 20 ____ at _____:
 (day) (month) (year) (time - 24 hr)

Signature: _____

COPY TO: Patient CCP Tribunal If the patient has not been independently assessed by an Approved Medical Practitioner – the Approved Medical Practitioner who was expected to do the assessment or controlling authority of the facility in which the assessment was to have been done LOC If patient is a child or if there is consent - patient's parent/support

OTHER: Explanation to patient in language and form that patient can understand

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