

Name of Facility

EMERGENCY PSYCHIATRIC TREATMENT

(Mental Health Act 1996- ss 113-115)

This record of treatment needs to be completed if a person refuses or is unable to consent to psychiatric treatment and treatment is necessary to save the person's life or to prevent the person from behaving in a way that can be expected to result in serious physical harm to the person or any other person.

Name of person receiving treatment or Patient label (if available):
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Legal Status-
(circle)

Voluntary

Referred person

Particulars of treatment:

Time treatment given:	Place of treatment:
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Reason for treatment:

Effects of treatment (including any adverse reactions):
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Name of person giving the treatment: Designation:	
Signature-	Date-

Names and designations of other staff involved in the giving of the treatment:
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A copy of this report must be forwarded to the Mental Health Review Board, GPO Box Y3063, East St George's Terrace, PERTH 6832 or Fax to 9219 3163. Should a critical incident arise out of the giving of Emergency Psychiatric Treatment the Chief Psychiatrist must be informed. In those circumstances contact Ms Janet Peacock, Manager, Office of the Chief Psychiatrist on 92224079 or e-mail janet.peacock@health.wa.gov.au