





*Diagnosis Of Mental Disorder*

The patient has the following type(s) of mental disorder (see notes below) -

The patient has a mental illness  Yes  No

The patient has a personality disorder  Yes  No

The patient has a learning disability  Yes  No

Please provide a description of the symptoms that the patient has of this/these mental disorder(s) and of the ways in which the patient is affected by them.

2

*Details Of Medical Treatment Proposed*

I am satisfied, for the reasons stated below, that if the patient were not provided with treatment there would be a significant risk:

to the patient's health, safety or welfare

to the safety of any other person

3

**Notes**

As detailed in section 328 (2) of the Act, a person is not mentally disordered by reason only of any of the following: sexual orientation; sexual deviancy; transsexualism; transvestism; dependence on, or use of, alcohol or drugs; behaviour that causes, or is likely to cause, harassment, alarm or distress to any other person; acting as no prudent person would act.

For a compulsory treatment order application to be able to proceed, this mental health report must specify at least one type of mental disorder which is specified in the other mental health report



*Details Of Medical Treatment Proposed (cont)*

I am satisfied that medical treatment is available which would be likely to prevent the mental disorder worsening, or alleviate any of the symptoms or effects of the disorder.

Please state below the patient's needs for medical treatment for mental disorder; the proposed medical treatment that will meet those needs; and who will provide that medical treatment.

**Note:** medical treatment includes nursing; care; psychological intervention; habilitation and rehabilitation (including education and training in work, social and independent living skills) in addition to pharmacological interventions.

4



*Details Of Medical Treatment Proposed (cont)*

I am satisfied, for the reasons stated below, that because of patient's the mental disorder, his / her ability to make decisions about the provision of such medical treatment is significantly impaired.

5

I am satisfied, for the reasons stated below, that the making of a compulsory treatment order is necessary: e.g. explain why the patient cannot be treated on a voluntary basis

6

*Compulsory Measures Proposed*

It is my opinion that the following compulsory measures should be authorised by the compulsory treatment order  
*shade as appropriate*

- (a) detaining the patient in a specified hospital
- (b) giving the patient medical treatment in accordance with Part 16 of the Act
- (c) requiring the patient to attend: on specified or directed dates; or at specified or directed intervals, or directed places with a view to receiving medical treatment
- (d) requiring the patient to attend: on specified or directed dates; or at specified or directed intervals, specified or directed places with a view to receiving community care services, relevant services or any treatment care or service.
- (e) requiring the patient to reside at a specified place;
- (f) requiring the patient to allow any of the following parties to visit the patient in the place where the patient resides. Those parties are: the patient's MHO, the patient's RMO, or any person responsible for providing medical treatment, community care services, relevant services or any treatment, care or services to the patient who is authorised for this purpose by the patient's RMO.
- (g) requiring the patient to obtain the approval of the MHO to any proposed change of address.
- (h) requiring the patient to inform the MHO of any change of address before the change takes effect.

**Note:** For a compulsory treatment order application to proceed, this mental health report must specify the same compulsory measures as are specified in the other mental health report



