

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 <input type="checkbox"/> Male <input type="checkbox"/> 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?

2. 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 / /	

3. 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

4. Details of Hospitalisation & Detention (if applicable)

- Summary of current & recent hospitalisations & detentions

5. Treatment

- Outline past treatments & response to treatments
Current treatment & response to current treatment

6. Decision-making capacity

- Does the person have impaired decision making capacity in relation to appropriate treatment for their mental illness?

7. 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

8. 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

9. 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

10. Length of Order

- Outline reasons for the proposed length of the order

11. Purpose of Order

- What is intended to be achieved by the Level 2 Community Treatment Order or Level 3 Inpatient Treatment Order

12. Any other information that may be relevant to this application