

Mental Health Act 2014
Section 30

MHA 101
Assessment Order

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Mental Health Statewide UR Number

Local Patient Identifier

FAMILY NAME

GIVEN NAMES

DATE OF BIRTH

SEX

Place patient identification label above

Instructions to complete this form

- This form must be completed by a registered medical practitioner or a mental health practitioner.
- You should complete this form as soon as practicable after examining the person but not more than 24 hours.
- You must tell the person they will be examined and explain the purpose of the examination (see point 2).

GIVEN NAMES

FAMILY NAME (BLOCK LETTERS) of person to be assessed

of:

address of person to be assessed

1. I am: a registered medical practitioner
 a mental health practitioner
(please cross one option only)

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at:

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date

time 24 hour

2. I examined the person on:
3. I am satisfied that **all** the following criteria in section 29 of the **Mental Health Act 2014** apply to the person:
- the person appears to have mental illness (*mental illness is a medical condition that is characterised by a significant disturbance of thought, mood, perception or memory*); and
 - because the person appears to have mental illness, the person appears to need immediate treatment to prevent:
 - serious deterioration in the person's mental or physical health; or
 - serious harm to the person or to another person; and
 - if the person is made subject to an Assessment Order, the person can be assessed; and
 - there is no less restrictive means reasonably available to enable the person to be assessed.

4. I base my opinion on the following:

5. I am satisfied that:
- assessment **can** occur in the community and make a **Community Assessment Order**.
- assessment **cannot** occur in the community and make an **Inpatient Assessment Order**.
- (please cross one option only)

6. Date and time Assessment Order is made:

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at:

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date

time 24 hour

7. The duration of:

- a Community Assessment Order is 24 hours unless it is extended or revoked
- an Inpatient Assessment Order is 24 hours after the person is received at a designated mental health service unless it is extended or revoked.

Signature:

signature of practitioner

Date:

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Given Names:

Family Name:

Business Address:

Designation:

Telephone:



MHA 101

ROLLS FILING SYSTEMS 1300 600 192

Next steps

After completing this form:

- **tell** the person you have made this Assessment Order
- **give** the person a copy
- **explain** the purpose and effect of the Assessment Order
- **give** the person a copy of the statement of rights - *Assessment Order* - and explain the information
- **notify** the authorised psychiatrist of the relevant designated mental health service and give them a copy of this Order
- if you made:
 - an **Inpatient Assessment Order**, you should **arrange** for the person to be taken to the relevant designated mental health service; or
 - a **Community Assessment Order**, you should **arrange** with the relevant designated mental health service for the person to be assessed in the community.

Notes

- In the case of an Inpatient Assessment Order, the person must be taken to a designated mental health service as soon as practicable but not later than 72 hours after the Order is made.
- An Inpatient Assessment Order is sufficient authority to transport the person to a designated mental health service and to detain the person in the service for assessment.
- A registered medical practitioner or mental health practitioner at the designated mental health service must complete a **MHA 102 – Receipt of person subject to Inpatient Assessment Order** as soon as practicable after the person is received at the designated mental health service.
- Contact details of your local designated mental health service can be obtained at www.health.vic.gov.au/mentalhealth/services/index

Definition

- **'Mental health practitioner'** is a person who is employed or engaged by a designated mental health service and is a:
 - a. registered psychologist
 - b. registered nurse
 - c. social worker
 - d. registered occupational therapist.