

# Chief Psychiatrist's Writable Forms

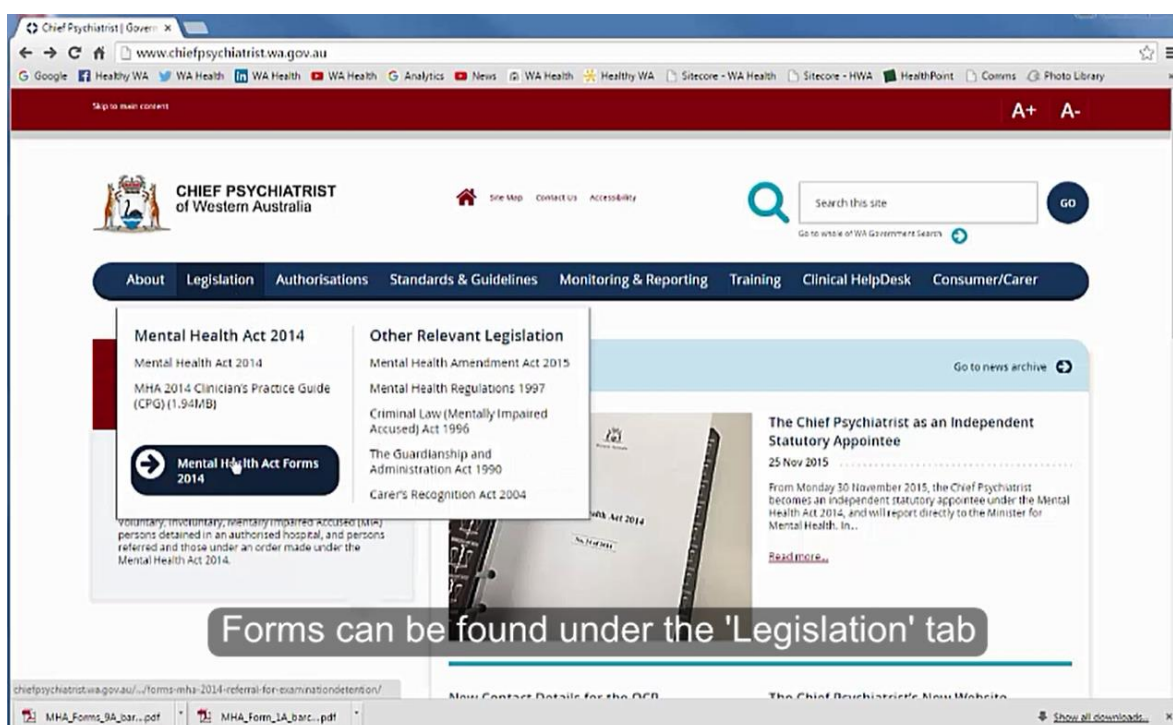
The Office of the Chief Psychiatrist has developed Writable MHA 2014 Forms for reporting to the Chief Psychiatrist. These forms are easy to use and streamline the reporting process for mental health staff.

The Forms will open as a PDF document, and information can be typed directly onto the Form. If the MHA requires that a copy of the Form be sent to another agency (such as the Chief Psychiatrist), the writeable Form has a 'submit' function that will send the Form directly to the intended recipient upon completion. The Forms can also be printed for filing into the medical records.

The Chief Psychiatrist recommends making use of these Forms wherever possible. It not only simplifies the process for mental health service staff, but it reduces the data entry requirements within the OCP. All forms can be found on the Office of the Chief Psychiatrist website ([www.chiefpsychiatrist.wa.gov.au](http://www.chiefpsychiatrist.wa.gov.au)).

We have also developed a short instructional video that provides guidance on how to use the Forms, and this is now available on the Chief Psychiatrist's website.

If you have any queries about the Writable Forms, please feel free to contact the OCP on 9222 4462 or [Monitoring@ocp.wa.gov.au](mailto:Monitoring@ocp.wa.gov.au)



Mental Health Act Forms 2014

**WARNING**

- Only appropriately authorised individuals can complete these Approved Forms – identified fraudulent use of these forms will be reported to the relevant authorities.
- Modification other than margin identifiers may invalidate these Approved Forms.

The MHA Forms are available in two formats:

- Writable** – These Forms can be opened as a PDF document, and information can be typed directly onto the Form. If the MHA requires that a copy of the Form be sent to another agency (such as the Chief Psychiatrist), the writable Form has a 'submit' function that will send the Form directly to the intended recipient upon completion. These Forms can also be printed for filing into the medical records.
- Printable** – These Forms can be opened as a PDF document, printed and filled in by hand.

Click on the links below to open the Forms in the format that you require.

**MHA Forms for Public Services (these Forms contain a barcode)**

- [Writable Forms](#)
- [Printable Forms](#) (available on the Office of Mental Health website)

**MHA Forms for Private Services**

- [Writable Forms](#)
- [Printable Forms](#)

Forms are available for both public and private health services

MHA\_Forms\_BA\_bar...pdf MHA\_Form\_LA\_bar...pdf

Mental Health Act Forms 2014 - Writable (Public)

CHIEF PSYCHIATRIST of Western Australia

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Print this page

## Mental Health Act Forms 2014 – Writable (Public)

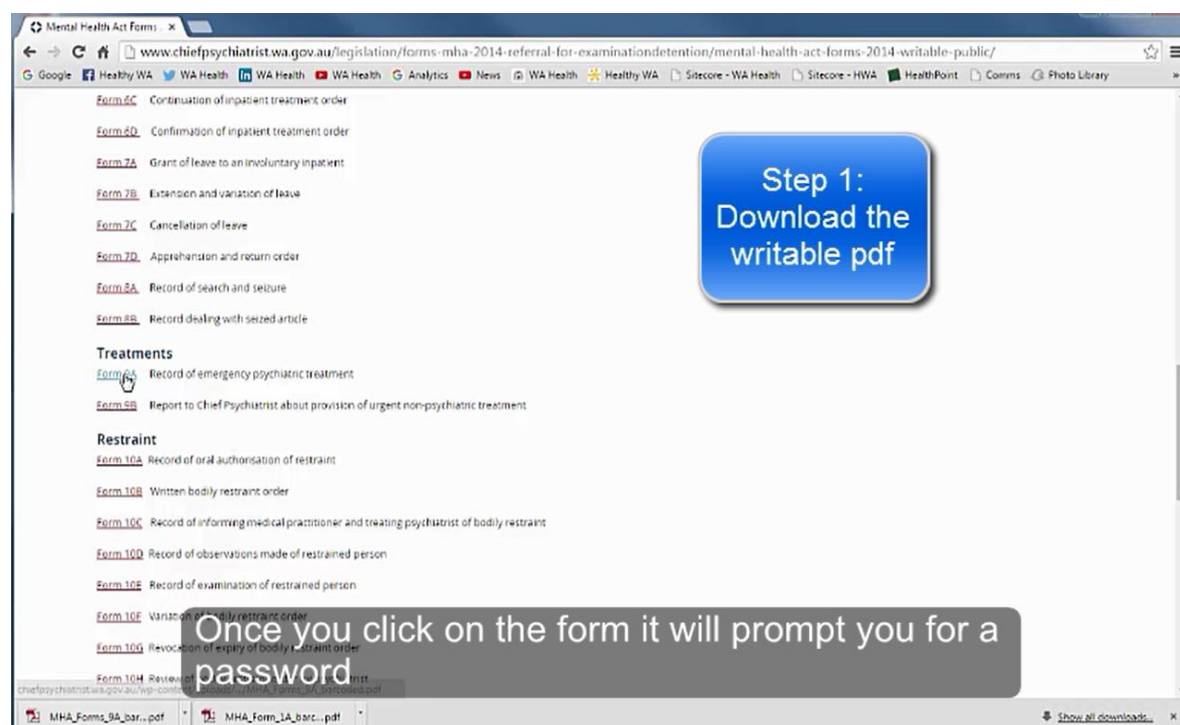
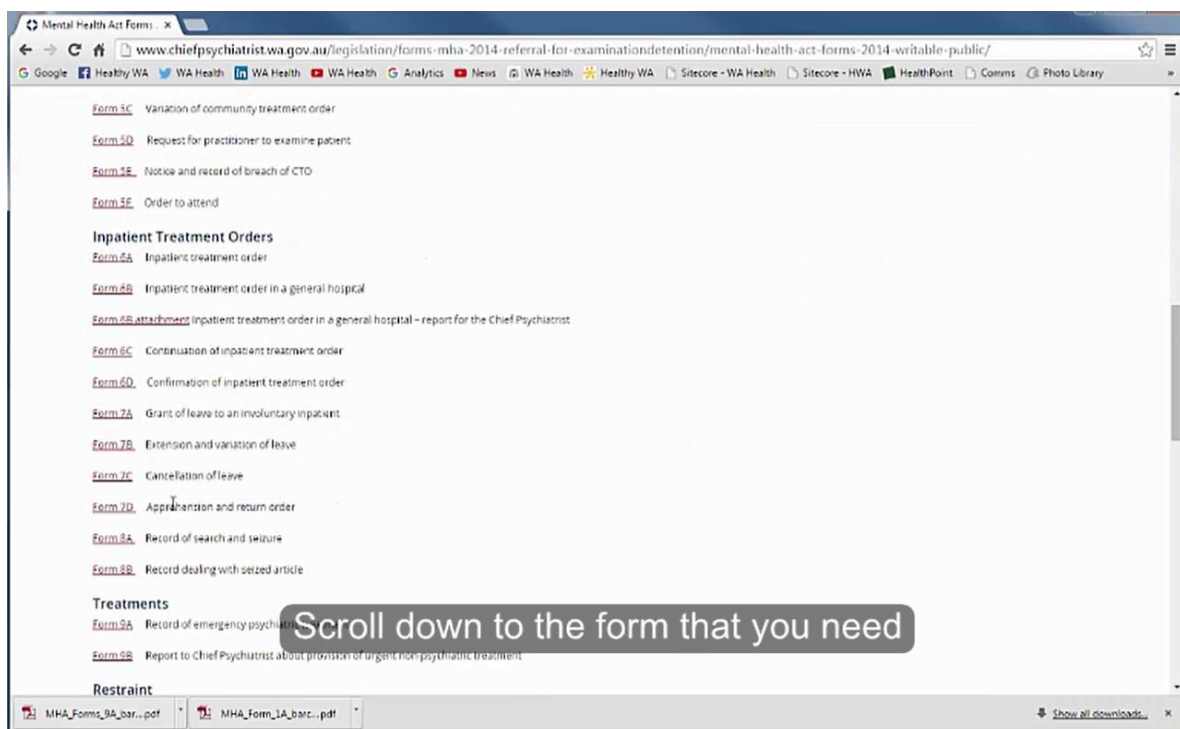
Writable PDF versions of MHA Forms for public health services that are required to use 'barcoded' forms can be found below. These are password protected to ensure that the electronic transfer of data is undertaken securely. The password can be obtained by contacting the Office of the Chief Psychiatrist on 9222 4469.

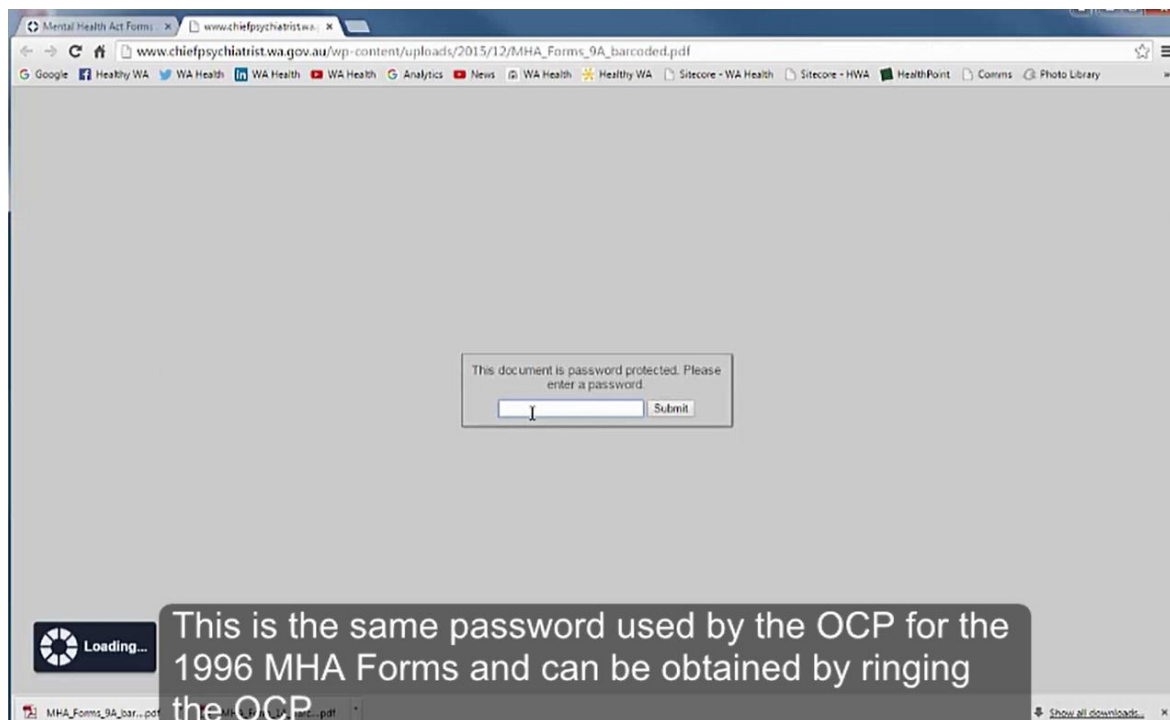
**Referral for Examination / Detention**

- [Form 1A](#) Referral for examination by a psychiatrist
- [Form 1A attachment](#) Referral for examination by a psychiatrist attachment
- [Form 1B](#) Variation of referral
- [Form 2](#) Order to detain voluntary inpatient in authorised hospital for assessment
- [Form 3A](#) Detention order
- [Form 3B](#) Continuation of detention
- [Form 3C](#) Continuation of detention to enable a further examination by psychiatrist

Waiting for www.chiefpsychiatrist.wa.gov.au...

MHA\_Forms\_BA\_bar...pdf MHA\_Form\_LA\_bar...pdf





CHIEF PSYCHIATRIST OF WESTERN AUSTRALIA  
WA MENTAL HEALTH ACT 2014

SECTION 204  
FORM 9A - RECORD OF EMERGENCY PSYCHIATRIC TREATMENT

Does the person have an Advance Health Directive?  
☐ Yes ☐ No ☐ Unknown

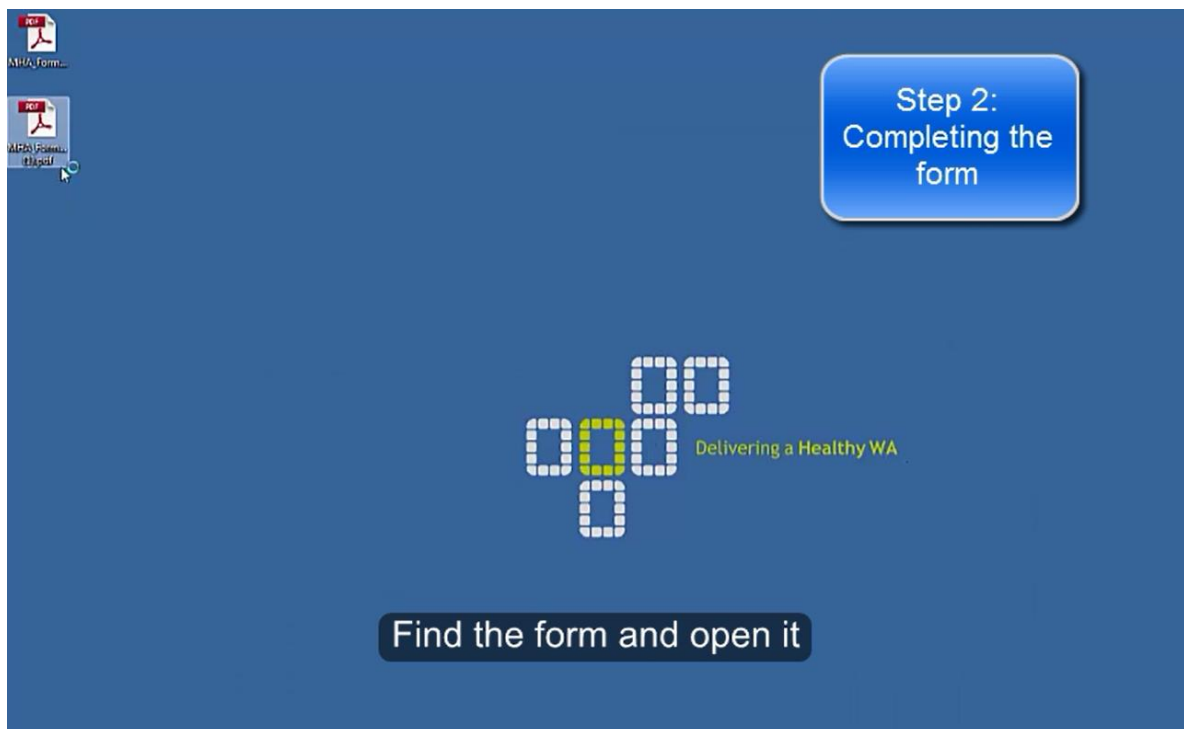
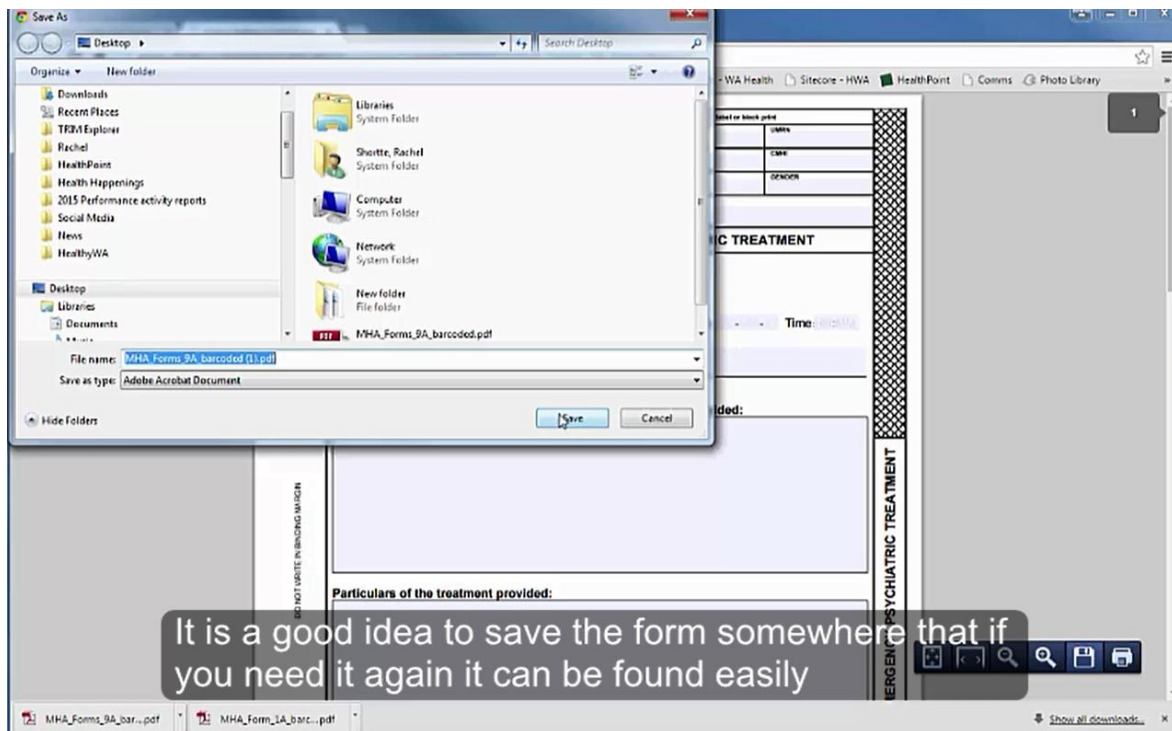
Date and time that emergency psychiatric treatment was provided to the person: Date: - - Time: - : -

Place where emergency psychiatric treatment was provided to the person:

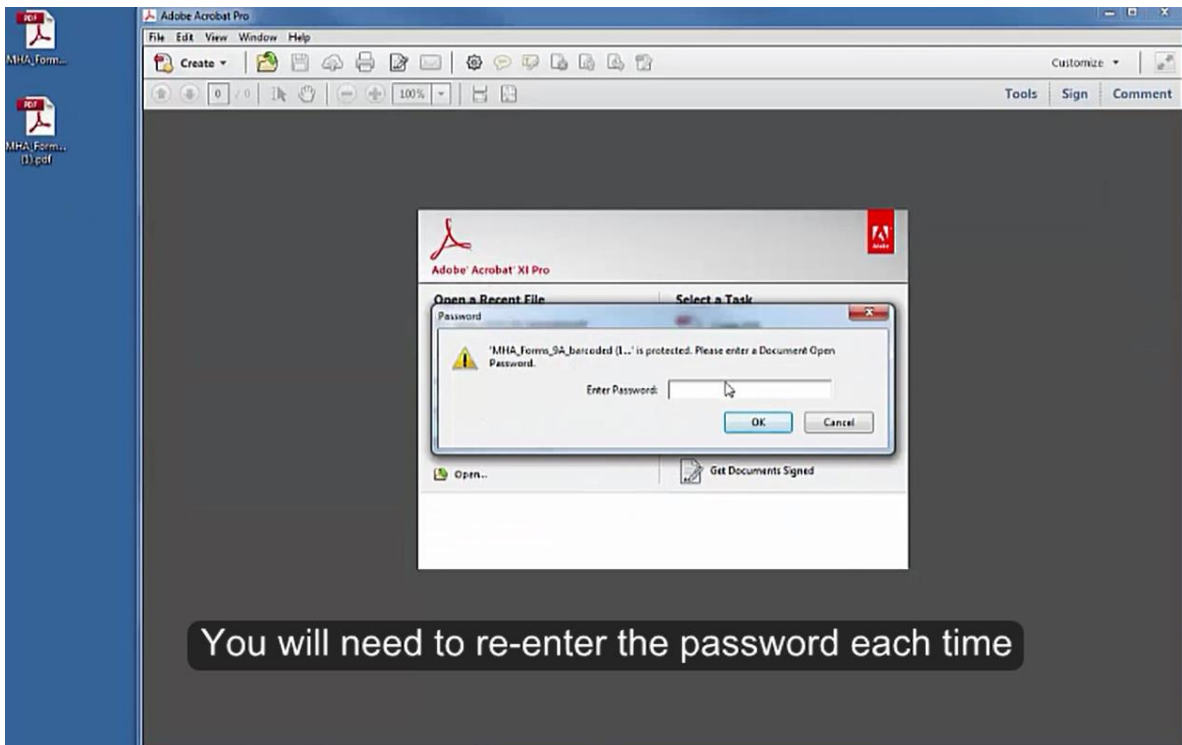
Particulars of the circumstances in which the treatment was provided:

Particulars of the treatment provided:

You can save the form by clicking on the disk icon







The screenshot shows the 'FORM 9A - RECORD OF EMERGENCY PSYCHIATRIC TREATMENT' form open in Adobe Acrobat Pro. The form is titled 'CHIEF PSYCHIATRIST OF WESTERN AUSTRALIA' and 'WA MENTAL HEALTH ACT 2014'. It includes a section for patient information with fields for 'FAMILY NAME: Smith', 'GIVEN NAMES', 'BIRTHDATE', 'GENDER', and 'ADDRESS'. The form also has a section for 'SECTION: 204' and 'FORM 9A - RECORD OF EMERGENCY PSYCHIATRIC TREATMENT'. A text box asks 'Does the person have an Advance Health Directive?' with options 'Yes', 'No', and 'Unknown'. Below this, there are fields for 'Date and time that emergency psychiatric treatment was provided to the person:' and 'Place where emergency psychiatric treatment was provided to the person:'. A large text box at the bottom is labeled 'Particulars of the circumstances in which the treatment was provided:'. A text box at the bottom of the form says 'To complete the form you can click on the field and start typing'.

FORM 9A - RECORD OF EMERGENCY PSYCHIATRIC TREATMENT

Does the person have an Advance Health Directive?  
☐ Yes ☐ No ☐ Unknown

Date and time that emergency psychiatric treatment was provided to the person: Date: - - Time: - -

Place where emergency psychiatric treatment was provided to the person: \_\_\_\_\_

Particulars of the circumstances in which the treatment was provided:

To complete the form you can click on the field and start typing

MHA\_Forms\_9A\_barcodec (1).pdf (SECURED) - Adobe Acrobat Pro

File Edit View Window Help

Create

Tools Sign Comment

Please fill out the following form.

Highlight Existing Fields

CHIEF PSYCHIATRIST  
OF  
WESTERN AUSTRALIA  
GOVERNMENT OF  
WESTERN AUSTRALIA  
WA MENTAL HEALTH  
ACT 2014

SECTION: 204

FORM 9A – RECORD OF EMERGENCY PSYCHIATRIC TREATMENT

Does the person have an Advance Health Directive?  
☐ Yes ☐ No ☐ Unknown

Date and time that emergency psychiatric treatment was provided to the person: Date: - - Time: - -

Place where emergency psychiatric treatment was provided to the person:

Particulars of the circumstances in which the treatment was provided:

The date fields are set up so that they are completed dd.mm.yyyy

XY600362

ATMENT

MHA\_Forms\_9A\_barcodec (1).pdf (SECURED) - Adobe Acrobat Pro

File Edit View Window Help

Create

Tools Sign Comment

Please fill out the following form.

Highlight Existing Fields

CHIEF PSYCHIATRIST  
OF  
WESTERN AUSTRALIA  
GOVERNMENT OF  
WESTERN AUSTRALIA  
WA MENTAL HEALTH  
ACT 2014

SECTION: 204

FORM 9A – RECORD OF EMERGENCY PSYCHIATRIC TREATMENT

Does the person have an Advance Health Directive?  
☐ Yes ☐ No ☐ Unknown

Date and time that emergency psychiatric treatment was provided to the person: Date: - - Time: - -

Place where emergency psychiatric treatment was provided to the person:

Particulars of the circumstances in which the treatment was provided:

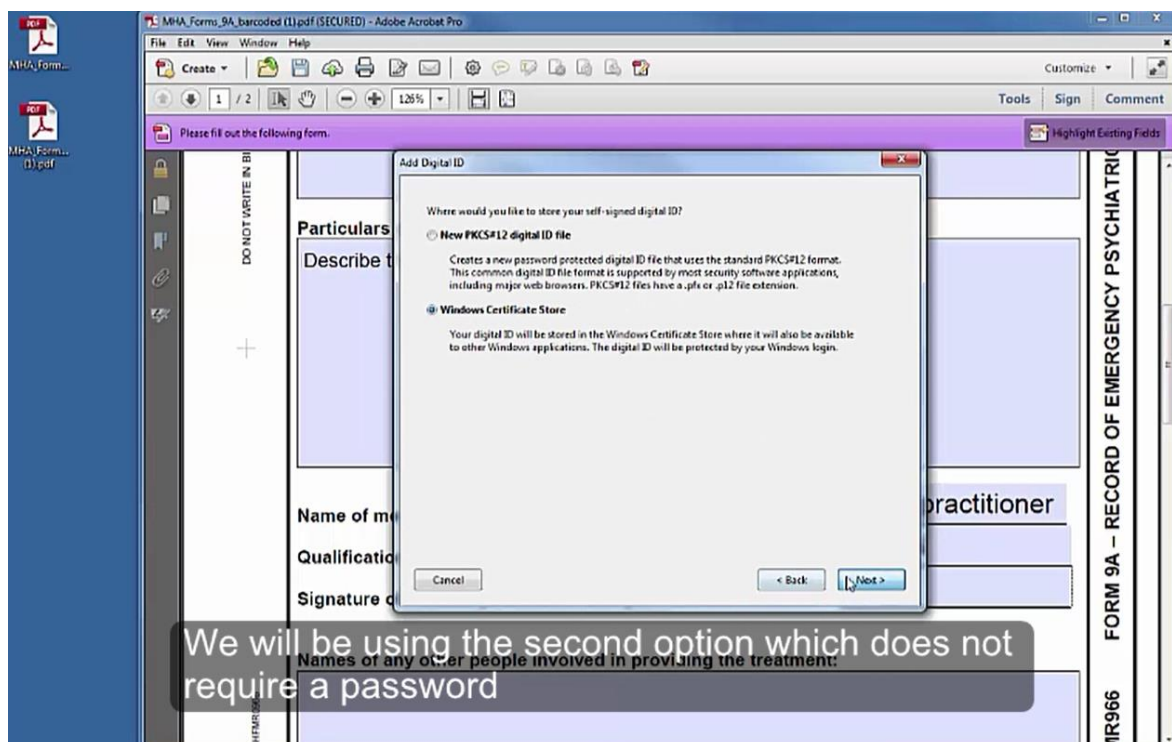
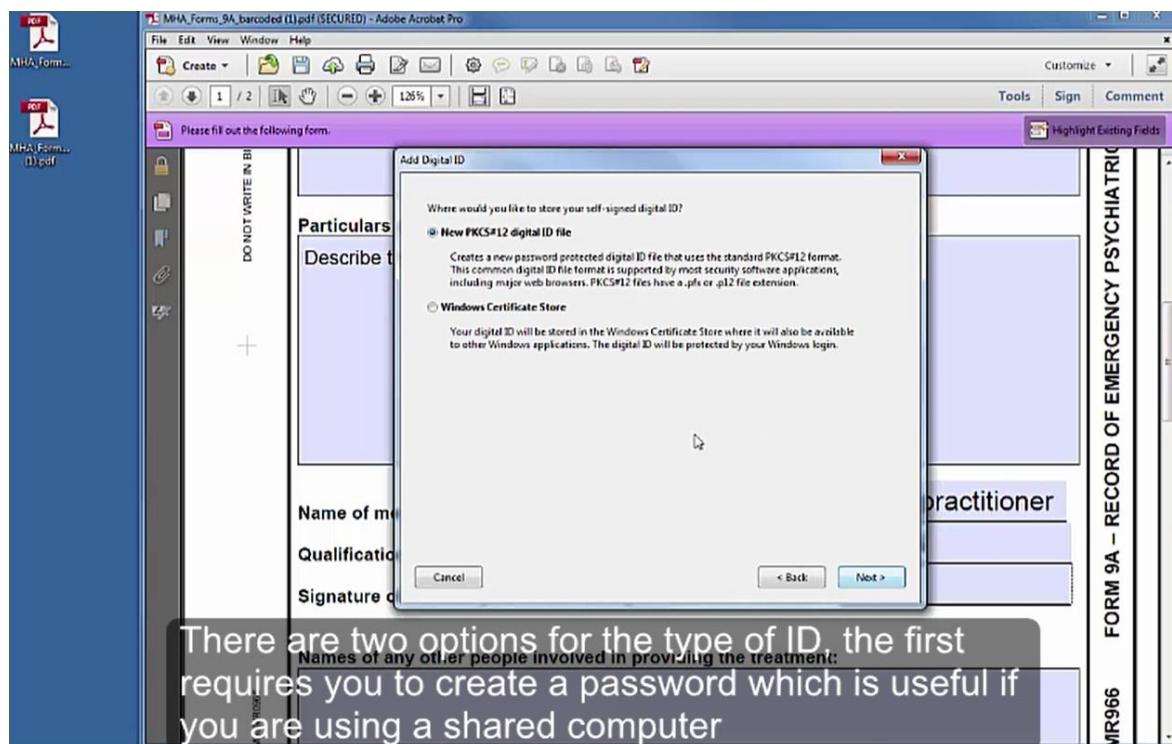
The 'tab' button allows you to move quickly between the different fields

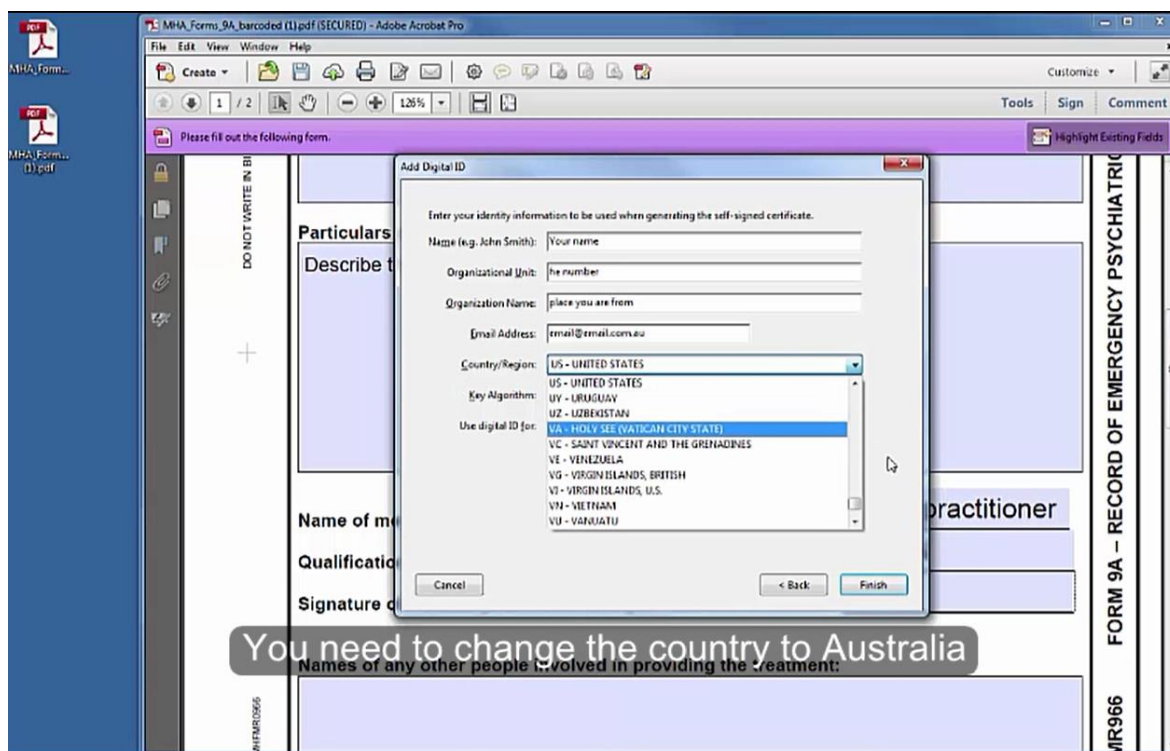
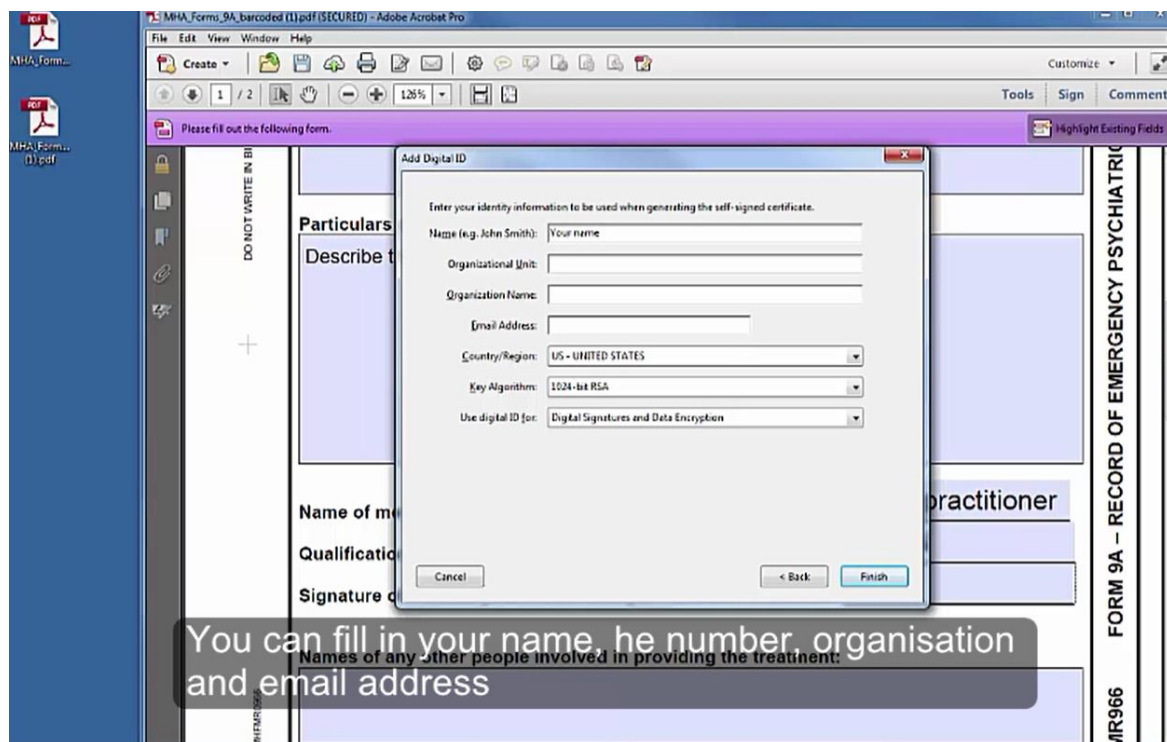
XY600362

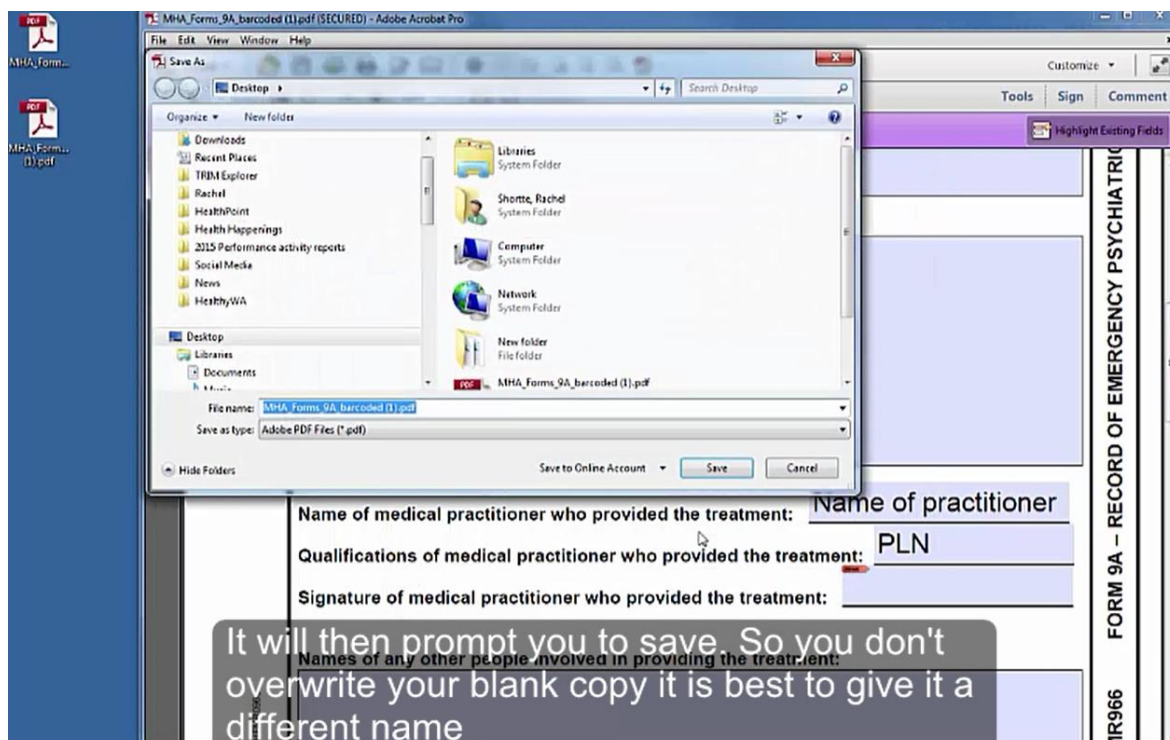
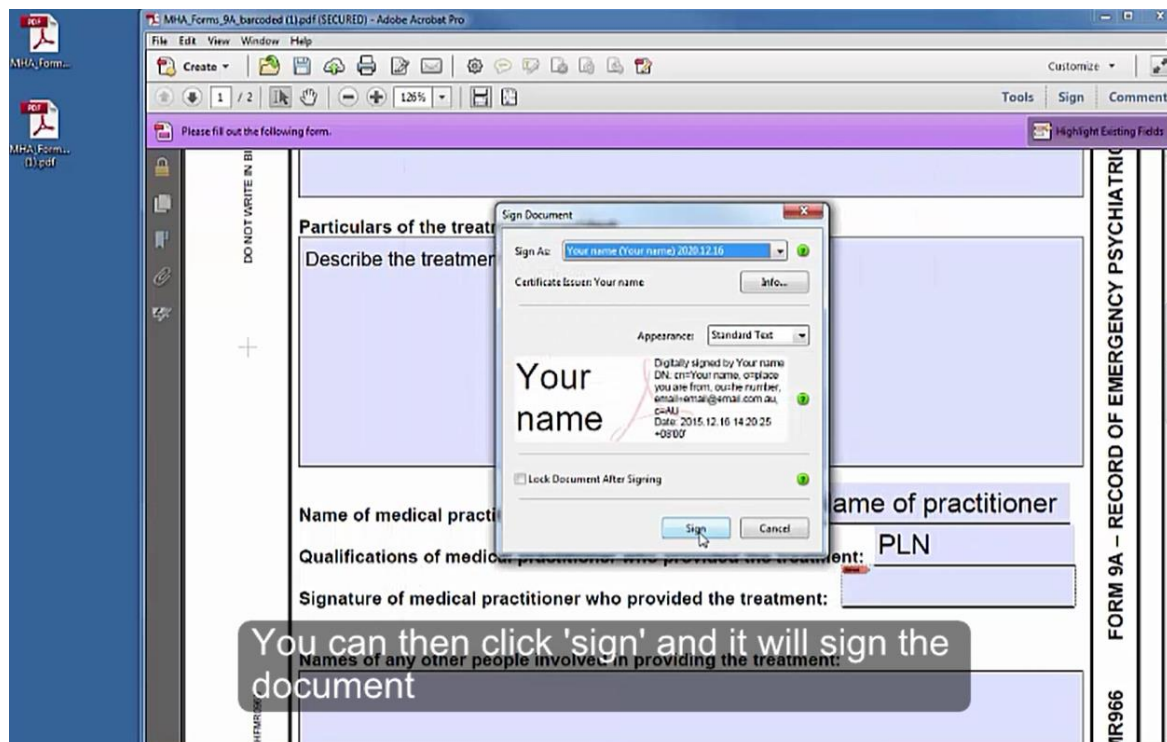
ATMENT











MHA\_Forms\_9A\_barcode(1).pdf (SECURED) - Adobe Acrobat Pro

File Edit View Window Help

Create

Tools Sign Comment

Signed and all signatures are valid. Please fill out the following form.

Signature Panel Highlight Existing Fields

DO NOT WRITE IN B

Particulars of the treatment provided:

Describe the treatment

Name of medical practitioner who provided the treatment: Name of practitioner

Qualifications of medical practitioner who provided the treatment: PLN

Signature of medical practitioner who provided the treatment: Your name

Names of any other people involved in providing the treatment:

You can still make changes and complete the form after you have signed it

RM 9A – RECORD OF EMERGENCY PSYCHIATRIC TREATMENT

MR966

MHA\_Forms\_9A\_barcode(1).pdf (SECURED) - Adobe Acrobat Pro

File Edit View Window Help

Create

Tools Sign Comment

At least one signature requires validating. Please fill out the following form.

Signature Panel Highlight Existing Fields

DO NOT WRITE IN BINDING MARGINS

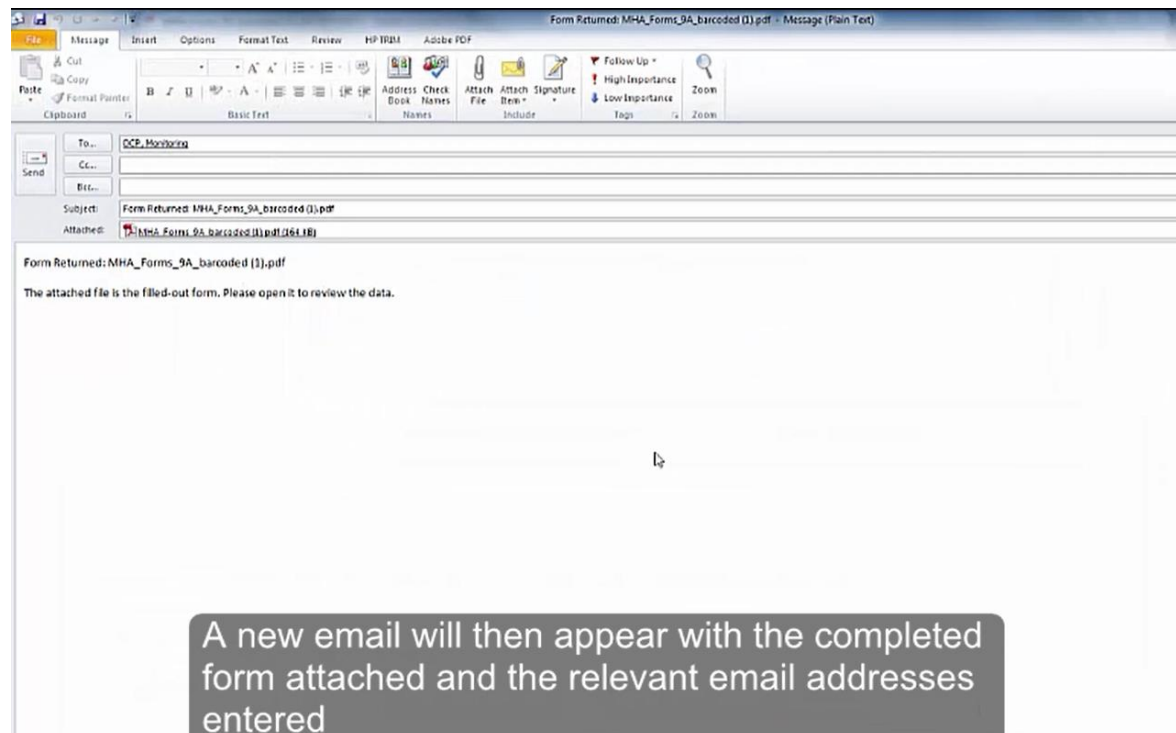
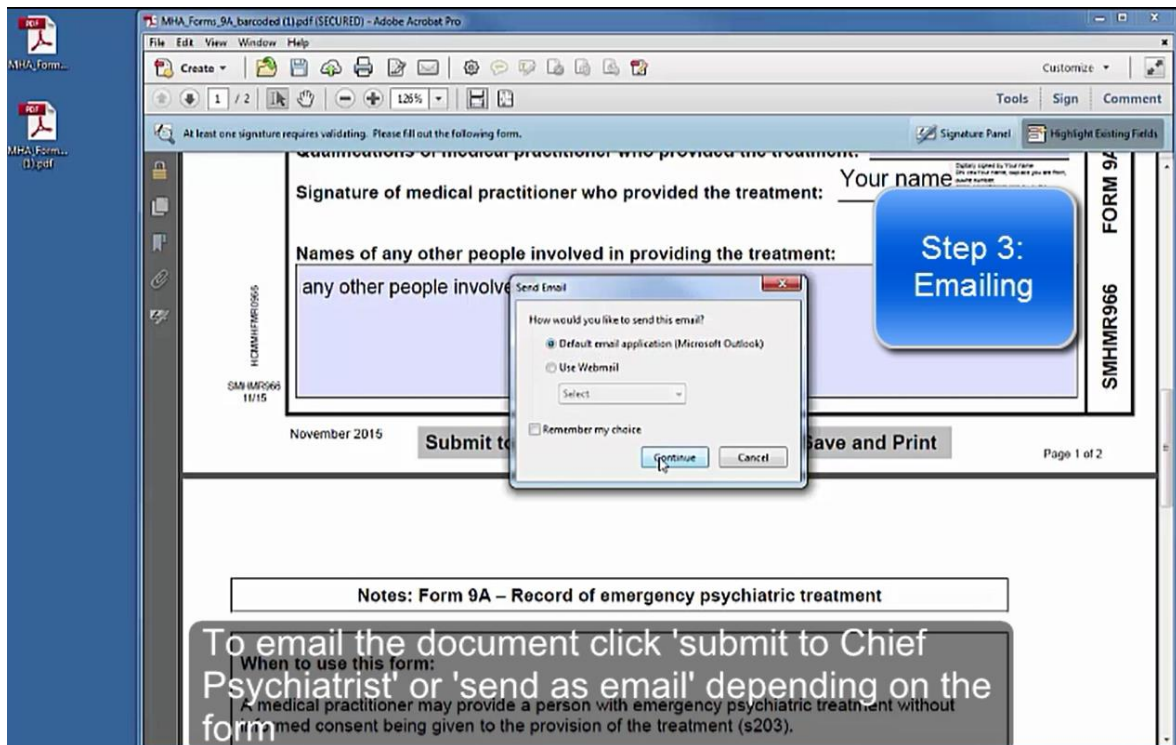
- electroconvulsive therapy;
- psychosurgery; and
- prohibited treatments (deep sleep therapy, insulin coma therapy, insulin sub coma therapy) (s202(2)).

Checklist of Mental Health Act 2014 requirements related to this form:

Notes

- ☐ Give the person a copy of this form as soon as practicable.
- ☒ File this form on the person's medical record.
- ☐ Give a copy of this form to the Chief Psychiatrist.
- ☐ If the person is a mentally impaired accused, give a copy of this form to the Mentally Impaired Accused Review Board.





Form Returned: MHA\_Forms\_9A\_barcode (1).pdf - Message (Plain Text)

To: OCP\_Monitoring@i

Cc:

Bcc:

Subject: Form Returned: MHA\_Forms\_9A\_barcode (1).pdf

Attachment: MHA\_Forms\_9A\_barcode (1).pdf (261 KB)

Form Returned: MHA\_Forms\_9A\_barcode (1).pdf

The attached file is the filled-out form. Please open it to review the data.

Additional email addresses can be added manually

Form Returned: MHA\_Forms\_9A\_barcode (1).pdf - Message (Plain Text)

To: OCP\_Monitoring: you can add any other email addresses here!

Cc:

Bcc:

Subject: Form Returned: MHA\_Forms\_9A\_barcode (1).pdf

Attachment: MHA\_Forms\_9A\_barcode (1).pdf (261 KB)

Form Returned: MHA\_Forms\_9A\_barcode (1).pdf

The attached file is the filled-out form. Please open it to review the data.

Once complete hit send

At least one signature requires validating. Please fill out the following form.

Signature of medical practitioner who provided the treatment: Your name

Names of any other people involved in providing the treatment:  
any other people involved?

November 2015

**Submit to Chief Psychiatrist** **Save and Print**

Page 1 of 2

**Notes: Form 9A – Record of emergency psychiatric treatment**

**You can save and print by clicking 'save and print'**

**When to use this form:**

A medical practitioner may provide a person with emergency psychiatric treatment without informed consent being given to the provision of the treatment (s203).

At least one signature requires validating. Please fill out the following form.

Signature of medical practitioner who provided the treatment: Your name

Names of any other people involved in providing the treatment:  
any other people involved?

November 2015

**Submit to Chief Psychiatrist** **Save and Print**

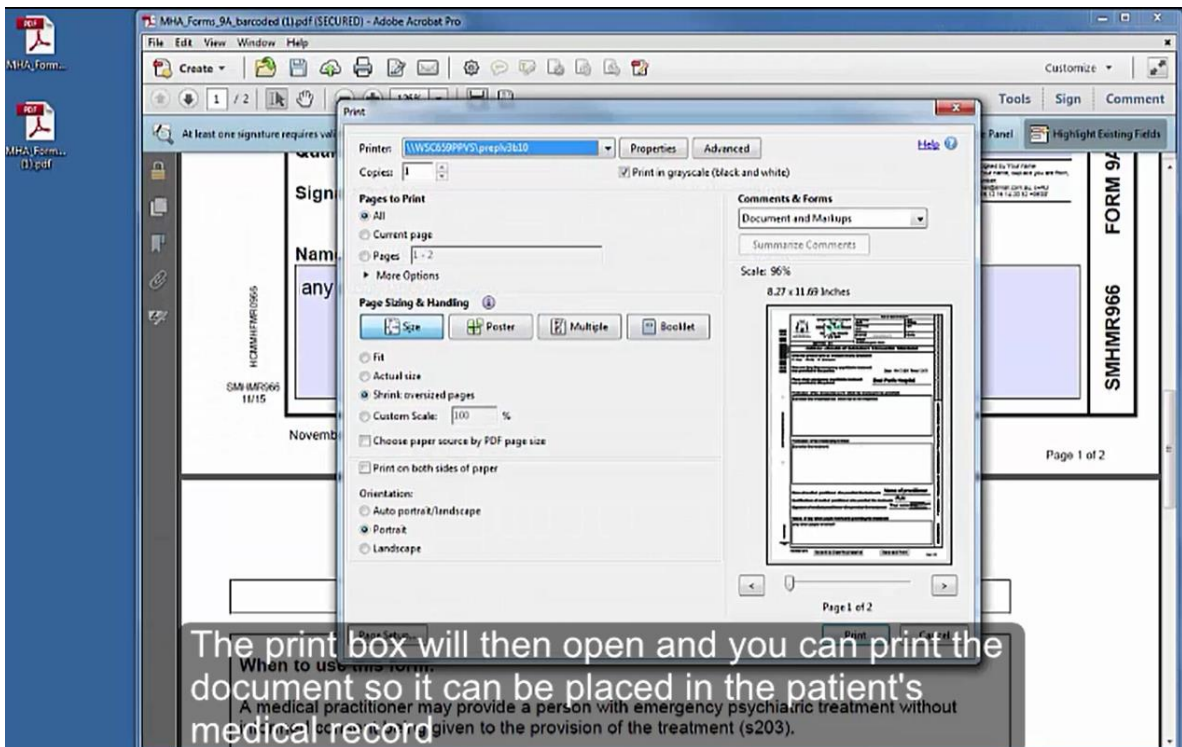
Page 1 of 2

**Notes: Form 9A – Record of emergency psychiatric treatment**

**If you don't need to keep an electronic copy you can hit cancel and not save**

**When to use this form:**

A medical practitioner may provide a person with emergency psychiatric treatment without informed consent being given to the provision of the treatment (s203).



**CHIEF PSYCHIATRIST OF WESTERN AUSTRALIA**  
 WA MENTAL HEALTH ACT 2014  
 SECTION: 204  
**FORM 9A - RECORD OF EMERGENCY PSYCHIATRIC TREATMENT**

Does the person have an Advance Health Directive?  
☐ Yes ☒ No ☐ Unknown

Date and time that emergency psychiatric treatment was provided to the person: Date: 16-12-2011 Time: 12:00

Place where emergency psychiatric treatment was provided to the person: East Perth Hospital

Particulars of the circumstances in which the treatment was provided:

You have now successfully completed a writable PDF. If the electronic version does not need to be kept it can be deleted