



CHIEF PSYCHIATRIST
OF
WESTERN AUSTRALIA

WA MENTAL HEALTH
ACT 2014

SECTIONS: 234

Please use ID label or block print

FAMILY NAME

UMRN

GIVEN NAMES

CMHI

BIRTHDATE

GENDER

ADDRESS

FORM 10F – VARIATION OF BODILY RESTRAINT ORDER

Variation of bodily restraint order:

☐ Shortening bodily restraint order by period of time: _____

Date and time order to end because of variation:

Date: DD/MM/YY Time: HH:MM

☐ Varying the device authorised for use to restrict the person's movements or the way in which the device is authorised to be applied to the person's body.

Details of variation:

Reason for variation of bodily restraint order:

Name of practitioner making variation order: _____

Qualifications of practitioner making order: _____

☐ Medical practitioner ☐ Mental health practitioner

Signature of practitioner making order: _____

Date and time of order made:

Date: DD/MM/YY Time: HH:MM

FORM 10F – VARIATION OF BODILY RESTRAINT ORDER

Notes: Form 10F – Variation of bodily restraint order

When to use this form:

A medical practitioner or mental health practitioner may make an order varying a bodily restraint order in force in respect of a person by:

- Shortening the bodily restraint order by the period specified in the order; or
- Varying the device that is authorised for use to restrict the person's movement or the way in which the device is authorised to be applied to the person's body (s234(3)).

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.
- ☐ ☒ Email a copy of this form to the Chief Psychiatrist at monitoring@ocp.wa.gov.au as soon as practicable.
- ☐ ☒ If the person is a mentally impaired accused, email a copy of this form to the Mentally Impaired Accused Review Board at prisonersreviewboard@justice.wa.gov.au