



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

SECTIONS: 238

Please use ID label or block print

FAMILY NAME

UMRN

GIVEN NAMES

CMHI

BIRTHDATE

GENDER

ADDRESS

FORM 10H – REVIEW OF BODILY RESTRAINT ORDER BY A PSYCHIATRIST

Date and time bodily restraint commenced:

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

Length of time person has been restrained for: _____

(This review is required if person has been restrained for more than 6 hours)

Results of the review by the psychiatrist:

Name of psychiatrist conducting review: _____

Qualifications of psychiatrist conducting review: _____

Signature of psychiatrist conducting review: _____

Date and time of review by psychiatrist:

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

**FORM 10H – REVIEW OF BODILY RESTRAINT ORDER BY A
PSYCHIATRIST**

Notes: Form 10H – Review of bodily restraint order by a psychiatrist

When to use this form:

If the person remains restrained for more than 6 hours, a psychiatrist must review the use of bodily restraint on the person and make a record of the results of the review using this form (s238(5)).

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.