



**CHIEF PSYCHIATRIST
OF
WESTERN AUSTRALIA**

**WA MENTAL HEALTH
ACT 2014**

SECTIONS: 239

Please use ID label or block print

FAMILY NAME

UMRN

GIVEN NAMES

CMHI

BIRTHDATE

GENDER

ADDRESS

FORM 10I – RECORD OF POST-BODILY RESTRAINT EXAMINATION

Date and time person released from restraint:

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

Date and time of examination by medical practitioner:

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

(Must be within 6 hours of the person being released from bodily restraint)

Record of results of examination:

(Include record of any complication or deterioration in the person's mental or physical condition that is a result of, or may be the result of the person being restrained)

Name of medical practitioner conducting examination: _____

Qualifications of medical practitioner: _____

Signature of medical practitioner: _____

FORM 10I – RECORD OF POST-BODILY RESTRAINT EXAMINATION

Notes: Form 10I – Record of post-bodily restraint examination

When to use this form:

Whenever a person is released from bodily restraint the person in charge of the ward must ensure:

- that the person is examined by a medical practitioner within 6 hours after the time when the person is released from the bodily restraint; or
- if the person is to be released or discharged by, or against medical advice wants to leave, the authorised hospital where the person was restrained before being examined, that the person is offered an examination by a medical practitioner to be conducted before the person is released, discharged or leaves (s239(2)).

A medical practitioner who examines a person must record the results of the examination, including any complication of or deterioration in the person's mental or physical condition that is a result of, or may be the result of, the person being restrained (s239(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 and file a record of having done this.
- ☐ ☒ 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 and file a record of having done this.