



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

SECTIONS: 214, 215, 217

Please use ID label or block print

FAMILY NAME

UMRN

GIVEN NAMES

CMHI

BIRTHDATE

GENDER

ADDRESS

**FORM 11C – RECORD OF INFORMING MEDICAL PRACTITIONER AND TREATING  
PSYCHIATRIST OF SECLUSION**

**Informing medical practitioner of seclusion** *(if applicable – see overleaf):*

Name of medical practitioner: \_\_\_\_\_

Qualifications of medical practitioner: \_\_\_\_\_

Date and time medical practitioner informed: \_\_\_\_\_ Date: DD/MM/YY Time: HH:MM

**Informing treating psychiatrist of seclusion** *(if applicable – see overleaf):*

Name of treating psychiatrist: \_\_\_\_\_

Qualifications of treating psychiatrist: \_\_\_\_\_

Date and time treating psychiatrist informed: \_\_\_\_\_ Date: DD/MM/YY Time: HH:MM

Name of person completing this form: \_\_\_\_\_

Signature: \_\_\_\_\_

**FORM 11C – RECORD OF INFORMING MEDICAL PRACTITIONER AND  
TREATING PSYCHIATRIST OF SECLUSION**

**Notes: Form 11C – Record of informing medical practitioner and treating psychiatrist of seclusion**

**Informing medical practitioner of seclusion:**

- This section must be completed when a mental health practitioner or the person in charge of a ward gives an oral authorisation of seclusion or makes a written seclusion order.
- The mental health practitioner or person in charge of the ward must inform a medical practitioner that:
  - the person is secluded under the oral authorisation or written seclusion order; or
  - the person was secluded under the oral authorisation or written seclusion order but has since been released from seclusion.
- This must occur as soon as practicable, and in any event within sufficient time to enable the examination by a medical practitioner which must occur within 2 hours of the person being secluded (s214(5) & (6))

**Informing treating psychiatrist of seclusion:**

- This section must be completed when the secluded person has a treating psychiatrist and the treating psychiatrist was not the practitioner who made the oral authorisation or written seclusion order and is not the medical practitioner who was informed of the seclusion.
- The person who made the oral authorisation or written seclusion order must inform the treating psychiatrist that:
  - the person is secluded under the oral authorisation or written seclusion order; or
  - the person was secluded under the oral authorisation or written seclusion order but has since been released from seclusion.
- This must occur as soon as practicable, and in any event within 2 hours of the person being secluded (s217).

**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](mailto: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](mailto:prisonersreviewboard@justice.wa.gov.au) and file a record of having done this.