



CHIEF PSYCHIATRIST  
OF  
WESTERN AUSTRALIA  
  
WA MENTAL HEALTH  
ACT 2014

SECTIONS: 68, 124

Please use ID label or block print

FAMILY NAME

UMRN

GIVEN NAMES

CMHI

BIRTHDATE

GENDER

ADDRESS

FORM 6D – CONFIRMATION OF INPATIENT TREATMENT ORDER

**This is an order confirming:**

- ☐ A Form 6A – Involuntary treatment order in authorised hospital, which was made in respect of a person on a community treatment order.

OR

- ☐ A Form 6B – Involuntary treatment order in general hospital, where the patient has now been transferred to an authorised hospital.

NOTE: These orders **only** need to be confirmed where the examination for the purpose of making the order took place via audio-visual means, and the patient has **not** had a face-to-face examination since.

**Authorised hospital where patient is admitted:** \_\_\_\_\_

**Date and time person admitted to the authorised hospital:** Date: DD/MM/YY Time: HH:MM

**Reasons for confirming the inpatient treatment order:**

- ☐ I have examined the involuntary inpatient and am satisfied having regard to the criteria in section 25 of the *Mental Health Act 2014*, that the involuntary inpatient is in need of the inpatient treatment order.

Any additional evidencing comments (optional):

**Name of the psychiatrist making the order:** \_\_\_\_\_

**Qualifications:** \_\_\_\_\_

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

**Date and time order made:**

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

Must be within 24 hours of the person being admitted to the authorised hospital

FORM 6D – CONFIRMATION OF INPATIENT TREATMENT ORDER

## Notes: Form 6D – Confirmation of inpatient treatment order

### When to use this form:

If the examination for the purpose of making the one of the following orders took place via audio-visual means, and the patient has not had a face-to-face examination since, the order must be confirmed within 24 hour of the person being admitted by the authorised hospital (s68 & 124).

The orders which must be confirmed are where:

- A *Form 6A – Inpatient treatment order in an authorised hospital*, made in respect of the person who was on a community treatment order; or
- A *Form 6B – Inpatient treatment order in a general hospital*, where the patient has now been transferred to the authorised hospital.

A psychiatrist cannot confirm the inpatient treatment order without examining the involuntary inpatient. The Form 6A or 6B order ceases to be in force if it is not confirmed using this form (s68 & s124).

### Criteria for inpatient treatment order:

Section 25(1) criteria for an inpatient treatment order (all of the requirements must be met):

- a) the person has a mental illness requiring treatment;
- b) because of the mental illness there is a significant risk to the health or safety of the person or to the safety of another person, or a significant risk of serious harm to the person or to another person;
- c) the person does not demonstrate the capacity to make a decision about provision of treatment to himself or herself (see Part 5 of Act for consideration of capacity matters);
- d) treatment in the community cannot reasonably be provided to the person; and
- e) there is no alternative that would be less restrictive to the person's freedom of choice and movement.

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

#### Notes

- ☐ Give the involuntary inpatient a copy of this form as soon as practicable.
- ☐ File this form on the voluntary inpatient's medical record.