



CHIEF PSYCHIATRIST
OF
WESTERN AUSTRALIA

WA MENTAL HEALTH
ACT 2014

Please use ID label or block print

FAMILY NAME

UMRN

GIVEN NAMES

CMHI

BIRTHDATE

GENDER

ADDRESS

SECTION: 106

FORM 7B – EXTENSION AND/OR VARIATION OF LEAVE

This is an order:

☐ Extending an involuntary inpatient's grant of leave **NE**

Period of extension: _____

Date and time that leave ends because of this extension: Date: DD/MM/YY Time: HH:MM

AND/OR

☐ Varying the conditions of an involuntary inpatient's grant of leave **NE**

Changes to conditions (all conditions not affected by the changes remain in force):

Reasons for extending and/or varying leave:

Name of the psychiatrist making this order: _____

Qualifications of the psychiatrist making the order: _____

Signature of the psychiatrist making the order: _____

Date and time order made:

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

FORM 7B – EXTENSION AND/OR VARIATION OF LEAVE

Notes: Form 7B – Extension and/or variation of leave

When to use this form:

If a *Form 7A – Grant of leave to involuntary inpatient* is in place, a psychiatrist may make an order using this form:

- extending an involuntary inpatient's leave of absence; and/or
- varying the conditions subject to which an involuntary inpatient's leave of absence is granted (s106).

There is no maximum period for which leave can be granted specified in the *Mental Health Act 2014*. However if an involuntary inpatient is away from a hospital on leave of absence for more than 21 consecutive days, the treating psychiatrist must consider whether it would be appropriate to revoke the inpatient treatment order or make a community treatment order (s108).

NE The making of an order extending and/or varying leave is a **Notifiable Event** which means, where possible, at least one personal support person must be notified about the making of this order.

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

Notes

- ☐ **NE** Notify at least one of the involuntary inpatient's personal support persons of the making of this order.
- ☐ Give the involuntary inpatient a copy of this form as soon as practicable.
- ☐ File this form on the involuntary inpatient's medical record.