



CHIEF PSYCHIATRIST
OF
WESTERN AUSTRALIA

WA MENTAL HEALTH
ACT 2014

SECTION: 110

Please use ID label or block print

FAMILY NAME

UMRN

GIVEN NAMES

CMHI

BIRTHDATE

GENDER

ADDRESS

FORM 7C – CANCELLATION OF GRANT OF LEAVE **NE**

Reasons for cancelling leave:

(Reasons for belief that it is inappropriate for the inpatient to continue to be away from the hospital)

Hospital patient is to return to: _____

Name of the psychiatrist making this order: _____

Qualifications: _____

Signature: _____

Date and time order made:

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

FORM 7C – CANCELLATION OF GRANT OF LEAVE

Notes: Form 7C – Cancellation of leave

When to use this form:

The psychiatrist may make an order using this form, cancelling the involuntary inpatient's leave of absence if, while an involuntary inpatient is away from a hospital on leave of absence, a psychiatrist forms the reasonable belief that it is inappropriate for the inpatient to continue to be away from the hospital (s110).

NE The making of an order cancelling 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.
- ☐ Orally advise the involuntary inpatient that the leave of absence has been cancelled.