



**CHIEF PSYCHIATRIST
OF
WESTERN AUSTRALIA**

**WA MENTAL HEALTH
ACT 2014**

SECTION: 204

Please use ID label or block print

FAMILY NAME

UMRN

GIVEN NAMES

CMHI

BIRTHDATE

GENDER

ADDRESS

FORM 9A – RECORD OF EMERGENCY PSYCHIATRIC TREATMENT

Does the person have an Advance Health Directive?

☐ Yes ☐ No ☐ Unknown

**Date and time that emergency psychiatric treatment
was provided to the person:**

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

Health service or place where emergency

psychiatric treatment was provided to the person: _____

Particulars of the circumstances in which the treatment was provided:

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Particulars of the treatment provided:

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Name of medical practitioner who provided the treatment: _____

Qualifications of medical practitioner who provided the treatment: _____

Signature of medical practitioner who provided the treatment: _____

Names of any other people involved in providing the treatment:

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FORM 9A – RECORD OF EMERGENCY PSYCHIATRIC TREATMENT

Notes: Form 9A – Record of emergency psychiatric treatment

When to use this form:

A medical practitioner may provide a person with emergency psychiatric treatment without informed consent being given to the provision of the treatment (s203).

A medical practitioner who provides emergency psychiatric treatment to a person must record the provision of the treatment to the person in this form (s204).

Emergency psychiatric treatment can be provided to any person, including a voluntary patient or a referred person.

Definition of emergency psychiatric treatment:

Emergency psychiatric treatment is treatment that needs to be provided to a person:

- to save the person's life; or
- to prevent the person from behaving in a way that is likely to result in serious physical injury to the person or another person (s202(1)).

Emergency psychiatric treatment **does not** include any of the following treatments:

- electroconvulsive therapy;
- psychosurgery; and
- prohibited treatments (deep sleep therapy, insulin coma therapy, insulin sub coma therapy) (s202(2)).

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.
- ☐ ☒ 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.