

CHIEF PSYCHIATRIST APPROVED FORM 7

TREATMENT PLAN

Mental Health Act 2013
Sections 50 – 53

TCHI (Patient ID): _____
Family Name: _____
Given Names: _____
Date of Birth: __ / __ / __ Gender: M F TG / IT
Address: _____
Telephone: _____ Mobile: _____

AFFIX STICKER HERE

(Tick as appropriate, format time as 00:00 (24 hour) and date as DD/MM/YYYY)

CONSULTATION

Patient (print name): _____

Has the patient been consulted in the preparation of this plan? Yes No

Details of the patient's views about the treatments that are proposed in this plan, including any objections:

Has anyone else been consulted in the preparation of this plan? Yes No

If yes, person's relationship with the patient:

Details of the views of other people consulted in the preparation of the plan, about the treatments that are proposed in the plan:

CURRENT PRESENTATION

Current symptoms and duration of these:

Current treatment being given:

Severity and impact of this presentation:



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PROPOSED TREATMENT

Provide details of proposed treatment

(including medication, psychological therapies, electroconvulsive therapy (ECT) or other multidisciplinary interventions):

Proposed treatment setting or settings (including if detention in an approved hospital is likely required):

TREATMENT OUTCOMES

Details of anticipated treatment outcomes including how the proposed treatment is expected to impact on the patient's current presentation:

Details of any side effects associated with the treatments are proposed in this plan:

ENDORSEMENT and DURATION of THIS PLAN

Approved Medical Practitioner (print name):

Signature:

Date plan prepared: DD / MM / YYYY Time: 00 : 00

THIS PLAN CEASED ON DATE: DD / MM / YYYY

THIS PLAN HAS BEEN SUPERSEDED BY A NEW PLAN DATED: DD / MM / YYYY

COPY TO: Patient Chief Psychiatrist TASCAT Legal Orders Coordinator

If there is consent – copy to patient support person/representative

If patient is a child copy to parent/support person/representative

OTHER: Statement of Rights provided to patient Explanation to patient in language and form that patient can understand

CONTACT DETAILS: Chief Psychiatrist: Phone: (03) 6166 0778 Email: chief.psychiatrist@health.tas.gov.au

TASCAT – Protective Stream: Phone: (03) 6165 7491 Email: applicatons.mentalhealth@tascat.tas.gov.au