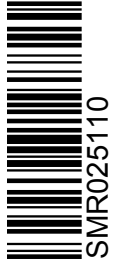


Facility:	D.O.B.	20 / 4 / 1986	M.O.
	ADDRESS	No Fixed Abode	
FORM 1 MEDICAL REPORT AS TO MENTAL STATE OF A DETAINED PERSON			
LOCATION	The Mental Health Centre		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE			



FORM 1
(Mental Health Regulation 2007, Clauses 4(a) and (b))
(Mental Health Act 2007 - sections 27(a), 27(b) or (c))

MEDICAL REPORT AS TO MENTAL STATE OF A DETAINED PERSON

This report is made as:

- a certificate of the opinion of an authorised medical officer after examination of a person under section 27 (a) of the Act (initial examination).
- (OR)
- advice by a medical practitioner to authorised medical officer under section 27 (b) or (c) of the Act (further examination)

(tick whichever box is appropriate)

I, the undersigned, a registered medical practitioner, on 11th November 2016
(date)

personally examined John SMITH
(patient's full name)

a person detained at The Mental Health Centre
(name of mental health facility)

In my opinion John SMITH
(patient's full name)

- is not a mentally ill or mentally disordered person,
- (OR)
- is a mentally ill person,
- (OR)
- is a mentally disordered person.

(tick whichever box is appropriate)

The basis for my opinion is as follows:

(Reported behaviour of the patient**)

Brought in by police. Wandering in traffic on the local highway. Nearly caused an accident with a truck. Covered in blood. Non-cooperative and aggressive on transport.

According to hospital records has been violent in past and 3 previous admissions to hospital.

(**This report may be continued on a separate page, if necessary.)

Holes punched as per AS2828-1999
BINDING MARGIN - NO WRITING

FAMILY NAME	SMITH	MRN	123456789
GIVEN NAME	John	<input checked="" type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
D.O.B.	20 / 4 / 1986	M.O.	
ADDRESS	No Fixed Abode		
LOCATION	The Mental Health Centre		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE			

Facility:

**FORM 1
MEDICAL REPORT AS TO MENTAL
STATE OF A DETAINED PERSON**

Medical report as to mental state of a detained person - continued

(Observations by me of the patient)

Extremely difficult to follow in conversation. Incoherent at times. Distracted possibly by auditory hallucinations. Indicates that he has recently been using "ice".

Covered in blood and scratch marks. Appears to have been picking at his skin.

No next of kin. No home. Says he wants to phone his drug dealer to pick him up and does not want to be in hospital. Threatened to punch a member of nursing staff.

(Conclusion)

This man is behaving in an irrational manner and I am unable to guarantee that he will not go out and harm himself or others by repeating behaviours similar to those observed today. Hospital is the only safe environment for him at the present.

Full name of medical practitioner: Dr Michael Jones

Qualifications as a psychiatrist (if applicable) Not applicable

Signature: *Michael Jones* Date 11 / November / 20 16.

Holes punched as per AS2828-1999
BINDING MARGIN - NO WRITING



(Note. This report is for the use of a legal tribunal and therefore should not be written in technical medical language.)