



FAMILY NAME		MRN
GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____/____/____	M.O.	
ADDRESS		
LOCATION / WARD		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

Facility:

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



SMR025110

**FORM 1**

(Mental Health Regulation 2019 (Clause 5) and  
(Mental Health Act 2007, section 27, 27A or 203)

**CLINICAL REPORT AS TO MENTAL STATE OF A DETAINED PERSON**

This report is made as:

*(tick one box only)*

- a certificate of the opinion of an authorised medical officer after examination of a person under section 27 (1) (a) of the Act (initial examination);
- advice by a medical practitioner to an authorised medical officer under section 27 (1) (b) or (c) of the Act (further examination).

OR, if it is not reasonably practicable for an authorised medical officer of a mental health facility or other medical practitioner to personally examine a person or observe the person's condition for the purpose of determining (under section 27 of the Act) whether the person is a mentally ill person or a mentally disordered person:

This report is made as:

*(tick one box only)*

- a certificate of the opinion of a medical practitioner after examination of a person using an audio visual link in accordance with section 27A (1) (a) of the Act;
- a certificate of the opinion of an accredited person authorised by the medical superintendent of ..... to personally examine a person  
(name of mental health facility)  
in accordance with section 27A (1) (b) of the Act.

OR, if the carrying out of the examination or observation of a person by audio visual link is authorised under section 203 of the Act:

This report is made as:

*(tick whichever is appropriate)*

- a certificate of the opinion of a medical practitioner after examination of a person using an audio visual link in accordance with section 203(2)(a) of the Act,
- a certificate of the opinion of an accredited person authorised by the medical superintendent of ..... after examination of a person  
(name of mental health facility)  
using an audio visual link in accordance with section 203(2)(b) of the Act.

**Note 1.** For examinations under section 27A or 203 of the Act, an accredited person and a medical practitioner who is not a psychiatrist must, if it is reasonably practicable to do so, seek the advice of a psychiatrist before making a determination as to whether the person is a mentally ill person or a mentally disordered person (see section 27A (4) of the Act).

**Note 2.** A medical practitioner or accredited person must not carry out an examination or observation using an audio visual link unless the medical practitioner or accredited person is satisfied that the examination or observation can be carried out in those circumstances with sufficient skill and care so as to form the required opinion about the person (see section 27A (3) and 203 (3) of the Act).

Holes Punched as per AS2828.1: 2019  
BINDING MARGIN - NO WRITING

NH606706A 071020

FORM 1  
CLINICAL REPORT AS TO MENTAL STATE OF A DETAINED PERSON  
SMR025.110



FAMILY NAME

MRN

GIVEN NAME

MALE  FEMALE

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

M.O.

Facility:

ADDRESS

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

LOCATION / WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

I, the undersigned, a registered medical practitioner / an accredited person, on ...../...../.....  
examined by audio-visual link / personally examined (cross out as relevant) (date)

.....  
(patient's name)

a person detained at .....  
(name of mental health facility)

In my opinion .....  
(patient's name)

(tick one box only)

- is not a mentally ill or mentally disordered person;
- is a mentally ill person;
- is a mentally disordered person.

STRIKE THROUGH UNUSED SECTIONS OF THE FORM (IF NOT APPLICABLE)

The basis for my opinion is as follows:

**(Reported behaviour of the patient\*\*)**

[list behaviour(s)]

.....  
.....  
.....

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

**(Observations by me of the patient)**

[list observations]

.....  
.....  
.....  
.....

**(Conclusion)**

[insert conclusion]

.....  
.....  
.....

Name of registered medical practitioner / accredited person: .....

Qualifications as a psychiatrist (if applicable)

.....  
.....

Signature: ..... Date ..... / ..... / .....

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

Holes Punched as per AS2828.1: 2019  
BINDING MARGIN - NO WRITING

