Mental Health Act 2014
Sections 271, 277 & 306

MHA 150
Receipt of security or forensic patient

Instructions to complete this form
• This form must be completed by a registered medical practitioner or mental health practitioner at the receiving designated mental health service.
• You should complete this form as soon as practicable after the person is received at the designated mental health service.
• Please cross relevant check boxes in each part.

GIVEN NAMES
FAMILY NAME (BLOCK LETTERS) of person received

1. The abovenamed person is:
   □ a security patient subject to:
     □ a Secure Treatment Order
     □ a Court Secure Treatment Order
   □ a forensic patient who is:
     □ a person remanded in custody in a designated mental health service under the Crimes (Mental Impairment and Unfitness to be Tried) Act 1997 (‘Remanded forensic patient’)  
     □ a person committed to custody in a designated mental health service by a supervision order under the Crimes (Mental Impairment and Unfitness to be Tried) Act 1997 (‘Custodial Supervision Order’)  
     □ a person detained in a designated mental health service under section 30(2) or 30A(3) of the Crimes (Mental Impairment and Unfitness to be Tried) Act 1997 (‘Apprehended Non-Custodial Supervision Order’)  
     □ a person deemed to be a forensic patient by section 73E(4) or 73K(8) of the Crimes (Mental Impairment and Unfitness to be Tried) Act 1997 (‘Interstate forensic patient’)  
     □ a person detained in a designated mental health service under section 20BJ(1) or 20BM of the Crimes Act 1914 of the Commonwealth (‘Commonwealth forensic patient’)  
   □ a person who is an international forensic patient within the meaning of section 73O of the Crimes (Mental Impairment and Unfitness to be Tried) Act 1997 (‘International forensic patient’).

2. The person was received at the abovenamed designated mental health service on:
   [ ] date
   [ ] time 24 hour

Signature: Date:
signature of practitioner

Given Names: Family Name:

Designation: Telephone:

Next steps
• In the case of a security patient only, an authorised psychiatrist or delegate must ensure that a copy of this MHA 150 – Receipt of security or forensic patient is sent to the Mental Health Tribunal. Please also attach a copy of the Mental Health Tribunal’s MHT 32 – Compulsory notifications form:
  ▶ Email: mht@mht.vic.gov.au; or
  ▶ Fax: 9032 3223
• An authorised psychiatrist or delegate must ensure reasonable steps are taken to notify the following persons (as applicable) that the person has been received at the designated mental health service:
  ▶ the nominated person
  ▶ a parent if the person is under the age of 16 years
  ▶ a carer, if the receipt of the person will directly affect the carer and the care relationship
  ▶ a guardian
  ▶ the Secretary, Department of Human Services or delegate if the person is the subject of a custody to the Secretary order or a guardianship to the Secretary order (eg. Manager, Child Protection).