

Mental Health and Wellbeing Act 2022
Section 576
MHWA 154
Special leave of absence
for forensic patient

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Mental Health Statewide UR Number

Local Patient Identifier									
FAMILY NAME									
GIVEN NAMES									
DATE OF BIRTH					SEX			GENDER	

Place patient identification label above

Instructions to complete this form

- This form must be completed by an Authorised Psychiatrist or delegate.
- The maximum period of special leave that may be granted to a Forensic Patient is:
 - 7 days for medical treatment
 - 24 hours for any other purpose.
- Please cross relevant check boxes in each part.

GIVEN NAMES

FAMILY NAME (BLOCK LETTERS)

a forensic patient of:

Designated Mental Health Service

1. I grant the person leave of absence for the period:

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 at:

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 to:

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 at:

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for the following special circumstances: treatment medical treatment attend court
 other (please specify): _____

at:

name of destination

address of destination

2. I am satisfied there are special circumstances for granting special leave of absence.
3. I am satisfied on the evidence available that the safety of members of the public will not be seriously endangered as a result of granting special leave of absence.
4. The conditions of the leave are: _____

5. I am satisfied that the person should be subject to the following additional security conditions (eg. bodily restraint) to protect the health and safety of the person or the safety of other persons during the leave:

6. The escort arrangements are: Clinical Security
specify number specify number

7. I have had regard to:
- | | |
|--|---|
| <input type="checkbox"/> the views and preferences of the person and their reasons | <input type="checkbox"/> the views of a carer, if granting leave will directly affect the carer and the care relationship |
| <input type="checkbox"/> the person's advance statement of preferences | <input type="checkbox"/> the views of the Secretary, Department of Families, Fairness and Housing if the Secretary has parental responsibility for the person under a therapeutic treatment (placement) order, a family reunification order, a care by Secretary order or a long term care order under the Children, Youth and Families Act 2005. |
| <input type="checkbox"/> the views of the nominated support person | |
| <input type="checkbox"/> the views of a parent, if the person is under the age of 16 years | |
| <input type="checkbox"/> the views of a guardian | |

Signature: _____

Date:

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signature of Authorised Psychiatrist or Delegate

Given Names: _____

Family Name: _____



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ROLLS AUSTRALIA 1300 600 192