*Mental Health and Related Services Act 1998*

Section 98

# Form 49

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| An authorised psychiatric practitioner may order that a right of a person under sections 95, 96 and/or 97 be restricted or denied, if they reasonably believe that there is a serious likelihood of the person suffering serious physical or mental deterioration or that the safety or well-being of any other person or the general community is at risk. Where this person is an **involuntary patient**, the Tribunal and the person’s adult guardian must be notified. |

|  | | | | | | | ***Complete patient details or affix patient label in box below:*** | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Full name of person:** | | | | |  |  | | |  |
| **Also known as** | | | | |  |  | | |  |
| **Date of birth:** | | | | |  | / / | | |  |
| **HRN:** | | | | |  |  | | |  |
| **Sex:** | | | | |  | Male  Female  Non-binary  Not specified | | |  |
| **Name of Approved Treatment Facility:** | | | | |  | | | | |
| Notification to the Tribunal and Adult Guardian Under the provisions of section 98 of the *Mental Health and Related Services Act 1998*, an order has been made for the above named person, which is a restriction or denial of entitlement. The details are: | | | | | | | | | |
| **Time:** |  | **Date:** | | /   / | | | | | |
| **Entitlement restricted or denied:** | | letters  postal  articles  telephone  visitors | | | | | | | |
| **Grounds for restriction or denial:**  *(attach psychiatric report for further details if required)* | |  | | | | | | | |
| I have notified the person, and if appropriate, their nominated guardian, care giver and/or parent of this order.  I will review the order daily and I have informed the person of their right to apply for a review. | | | | | | | | | |
| **Full name of authorised psychiatric practitioner:** | | | **Signature:** | | | | | **Date:**     / / | |
|  | | | | | | | | | |
| **Form Requirements**  Copy sent to Tribunal and Adult Guardian  Placed on clinical file | | | | | | | | | |