*Mental Health and Related Services Act 1998*

# Sections 63 and 64

Form 23

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| **Non-psychiatric treatment**It is an offence to perform non-psychiatric treatment on another person who is an involuntary patient or subject to a community management order and being assessed or receiving treatment under the Act, unless the treatment is in accordance with section 63 of the Act.**Major medical procedures**It is an offence to perform a major medical procedure on a person who is an involuntary patient or subject to a community management order unless the procedure is performed in accordance with section 64 of the Act.Refer to **Approved Procedure 30 – Non-psychiatric Treatment, Major Medical Procedure, Clinical Trials and Experimental Treatment**, for further information. |
| Non-psychiatric treatment or major medical procedure details |
| ***Full name of person requiring non-psychiatric treatment or major medical procedure:***     ***Also known as:***     ***Date of Birth:***    /    /    ***Person is currently admitted or residing at:***      | ***Sex:***[ ]  Male [ ]  Female[ ]  Non-binary [ ]  Not specified***Type of patient:***[ ]  Involuntary [ ]  Subject to a Community Management Order***HRN:***      |
| ***Treatment or procedure type:***Non-psychiatric treatment [ ]  Major medical procedure [ ]  |
| ***Has the treatment or procedure already been undertaken? (select appropriate statement)***[ ]  **No** - consent is now being sought from the persons adult guardian or nominated decision maker prior to undertaking the treatment or procedure[ ]  **No** - approval is now being sought from the Northern Territory Civil and Administrative Tribunal (NTCAT) prior to undertaking the treatment or procedure |
| [ ]  **Yes** - the treatment or procedure was performed without the approval of NTCAT on     /    /     because it was immediately necessary to:[ ]  To save the person’s life or to prevent irreparable harm to the person[ ]  To remove a threat of permanent disability to the person below ***(non-psychiatric treatment only)***[ ]  To remove a life threatening risk to, or to relieve acute pain of, the person below ***(non-psychiatric treatment only)*** |
| ***Diagnosed condition requirement treatment or procedure:***      |
| ***Treatment or procedure details:***      |
| ***Rationale for the treatment or procedure:***      |
| ***Risks associated with the person having the treatment and risks associated with the person not having the treatment:***      |
| ***Details of any second opinions:*** *(where applicable)*      |
| ***Steps taken to try to gain consent:*** *(including supports provided such as use of interpreters, patient advocates, peer support workers, Community Visitor Program or other advocates)*      |
| ***What is the person’s objection and/or why are they are not able to provide consent?***      |
| ***Does the person have an Advance Personal Plan or Enduring Power of Attorney in place that relates to this application/notification?***[ ]  Yes [ ]  No [ ]  Unknown***Please provide details:***      |
| ***Full name of person making request or providing notification:***     ***Signature:***     ***Date:***   /   /    | ***Position of person making request or providing notification:***[ ]  Medical Practitioner[ ]  Authorised Psychiatric Practitioner (APP)[ ]  Designated Mental Health Practitioner (DMHP)***Name of Approved Treatment Facility or Agency:***      |
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| Consent by Adult Guardian or decision maker\* *(if applicable)**Note – This form is* ***not*** *required to be submitted to NTCAT, if adult guardian or decision maker consent is obtained prior to the treatment or procedure.*[ ]  I give consent [ ]  I do not give consentto the aforementioned treatment/procedure being performed on this person. |
| ***Full name of Adult Guardian/decision maker:***      | ***Signature:***      | ***Date:***   /   /    |
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| Authorisation by NTCAT *(where the aforementioned treatment/procedure has not already been performed on this person)*[ ]  NTCAT authorises [ ]  NTCAT does not authorise the aforementioned treatment/procedure to be performed on this person. |
| ***Full name of presiding member of NTCAT:***      | ***Signature:***      | ***Date:***   /   /    |

**Form Requirements**

[ ]  Placed on clinical file

[ ]  Sent to adult guardian (if applicable) | Date:    /   /

[ ]  Sent to decision maker (if applicable) | Date:    /   /

[ ]  Sent to Tribunal (if applicable) | Date:    /   /