*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:*** | | | | |
|  | | | | | | |
| 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 consent  to the aforementioned treatment/procedure being performed on this person. | | | | | | |
| ***Full name of Adult Guardian/decision maker:*** | | | | ***Signature:*** | | ***Date:***     /   / |
|  | | | | | | |
| 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:    /   /