**REPORT FOR THE MENTAL HEALTH REVIEW TRIBUNAL**

**Community Treatment Order Application**

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| **Mental Health Facility:** |  |
| **Facility Address:** |  |
| **Facility Telephone:** |  |
| **Client Name:** |  |
| **Date of birth:** |  |
| **Client Address:** |  |

# Client History

1. The client’s legal status (e.g. currently subject to a CTO, is an involuntary or voluntary patient). Include the expiry date of any current orders.
2. Current diagnosis and background to current presentation.
3. Efficacy of current CTO (if applicable).
4. History of illness (including any co-morbidities) and treatment as a patient or under previous Community Treatment Orders.

# Current Application

1. Length of order proposed and why.
2. How the order will benefit the patient as the least restrictive form of safe and effective care.
3. Current medication and any changes anticipated during the period of the order.
4. Plans and goals for the client’s ongoing care, future treatment and case management.

# Context

1. The client’s response to treatment and willingness to continue with treatment.
2. The patient's viewpoint regarding the CTO.
3. Confirmation that contents of this report have been discussed with the client.
4. Psycho-social issues, including family and community supports.
5. Viewpoint of family and carers regarding the CTO.
6. Role or input of family and carers in discharge planning (if applicable).

# Signature

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| Signature | Name | Position | Date |
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