FORM 1
CLINICAL REPORT AS TO MENTAL STATE OF A DETAINED PERSON

This report is made as:
(tick one box only)

☐ a certificate of the opinion of an authorised medical officer after examination of a person under section 27 (1) (a) of the Act (initial examination);

☐ advice by a medical practitioner to an authorised medical officer under section 27 (1) (b) or (c) of the Act (further examination).

OR, if it is not reasonably practicable for an authorised medical officer of a mental health facility or other medical practitioner to personally examine a person or observe the person’s condition for the purpose of determining (under section 27 of the Act) whether the person is a mentally ill person or a mentally disordered person:

This report is made as:
(tick one box only)

☐ a certificate of the opinion of a medical practitioner after examination of a person using an audio visual link in accordance with section 27A (1) (a) of the Act;

☐ a certificate of the opinion of an accredited person authorised by the medical superintendent of ............................................ to personally examine a person in accordance with section 27A (1) (b) of the Act.

Note 1. For examinations under section 27A of the Act, an accredited person and a medical practitioner who is not a psychiatrist must, if it is reasonably practicable to do so, seek the advice of a psychiatrist before making a determination as to whether the person is a mentally ill person or a mentally disordered person (see section 27A (4) of the Act).

Note 2. A medical practitioner must not carry out an examination or observation using an audio visual link unless the medical practitioner is satisfied that the examination or observation can be carried out in those circumstances with sufficient skill and care so as to form the required opinion about the person (see section 27A (3) of the Act).

I, the undersigned, a registered medical practitioner / an accredited person, on ........;/........;/.......... (date) examined by audio-visual link / personally examined (cross out as relevant) .............................................................. (patient’s name)

a person detained at .............................................................. (name of mental health facility)

In my opinion .............................................................. (patient’s name)

(tick one box only)

☐ is not a mentally ill or mentally disordered person;

☐ is a mentally ill person;

☐ is a mentally disordered person.
<table>
<thead>
<tr>
<th>FAMILY NAME</th>
<th>MRN</th>
</tr>
</thead>
<tbody>
<tr>
<td>GIVEN NAME</td>
<td></td>
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| D.O.B. _____ / _____ / ______ | M.O. |

<table>
<thead>
<tr>
<th>LOCATION</th>
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**Facility:**

**FORM 1**

**CLINICAL REPORT AS TO MENTAL STATE OF A DETAINED PERSON**

STRIKE THROUGH UNUSED SECTIONS OF THE FORM (IF NOT APPLICABLE)

The basis for my opinion is as follows:

(Reported behaviour of the patient**)  

[list behaviour(s)]

.....................................................................................................................................................  
.....................................................................................................................................................  
.....................................................................................................................................................  
.....................................................................................................................................................  

(**This report may be continued on a separate page, if necessary.)

(Observations by me of the patient)

[list observations]

.....................................................................................................................................................  
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.....................................................................................................................................................  
.....................................................................................................................................................

(Conclusion)

[insert conclusion]

.....................................................................................................................................................  
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.....................................................................................................................................................  
.....................................................................................................................................................  

Name of registered medical practitioner / accredited person: ....................................................

Qualifications as a psychiatrist (if applicable)

.....................................................................................................................................................  
.....................................................................................................................................................  
.....................................................................................................................................................  
.....................................................................................................................................................  

Signature: ......................................................... Date ............. / .............. / ..............

(Note. This report is for the use of a legal tribunal and therefore should not be written in technical medical language.)