

Mental Health, Justice Health, Alcohol & Drug Services (MHJHADS)

URN: _____

Family name: _____

Given names: _____

DOB: _____ Gender: _____

FPTO TREATMENT PLAN AND LOCATION DETERMINATION

Pursuant to Section 103(2) or 103(3) *Mental Health Act 2015*

This form must be completed by the Chief Psychiatrist or delegate who is responsible for the person who is subject to a Forensic Psychiatric Treatment Order (FPTO) within 5 working days of the order being made, or whenever the determination needs to be updated.

This form may also be submitted as a treatment plan which accompanies an application for a FPTO.

Name of person: _____

Residential Address: _____

Date of birth: ____/____/____

Treating Registrar: _____

Region: _____

Treating Psychiatrist: _____

Case Manager: _____

Date of FPTO: ____/____/____

Expiry of FPTO: ____/____/____

Does the person have an Advance Agreement? Yes No

Does the person have an Advance Consent Direction? Yes No

ACAT Orders (Complete only after ACAT has made the order)

In making the FPTO, has ACAT ordered that the person:

Be taken to an approved mental health facility? Yes No

Be detained in the approved mental health facility? Yes No

Live in a stated place in the community? Yes No

If yes to any of the above, provide details:

(If yes to any of the above, the determination below must be consistent with ACAT's orders. The person does not need to be re-detained if ACAT has already ordered the detention.)

Treatment Plan (This section is to be completed for all persons)

Detail the nature of the psychiatric treatment to be given to the person:



DO NOT WRITE IN THIS BINDING MARGIN

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This treatment does not, or is not likely to have, the effect of subjecting the person to undue stress or deprivation, having regard to the benefit to result from the treatment.

Comment:

Inpatient Treatment Location *(complete for inpatient treatment if admission/detention not ordered by ACAT)*

Does the person require **admission** to an approved mental health facility Yes No

If yes, which facility or facilities?

Any approved mental health facility, as clinically appropriate

The Canberra Hospital

Calvary Public Hospital Bruce

Brian Hennessy Rehabilitation Centre

Dhulwa Mental Health Unit *(subject to DMHU approval)*

University of Canberra Hospital

Is the person required to be detained at the above facility/facilities? (s. 62(2)(a)) Yes No

If the person is detained, can the person be granted **leave** from the facility?

Yes, when clinically indicated (A clinical decision about each episode of leave will be made on a case by case basis)

No, because the person remains in corrections, police or other court-ordered custody, or is subject to another order of the court or ACAT

Community Treatment Location *(complete for people receiving treatment, care or support in the community)*

Detail the times when, and the place where, the person is required to attend to receive treatment, care or support.

Is the person required to live (but not be detained) in a stated place? Yes No

If yes, specify location:

(Not to be completed if ACAT has already ordered the person to live in a stated place)

Consultation with the Person

Before making this determination:

I have consulted with the person and their views are *(please provide details):*

I have not consulted the person for the following reasons *(please provide details):*

DO NOT WRITE IN THIS BINDING MARGIN

