

MENTAL HEALTH ACT, 2012
FOURTH SCHEDULE
[Article 13(2)]

Mental Health Act	<p>This application shall be submitted to the Commissioner at least 168 hours before the termination of the initial Involuntary Admission for Treatment Order.</p> <hr/> <p style="text-align: center;">EIATO Ref No:</p>
<p>APPLICATION FOR EXTENSION OF INVOLUNTARY ADMISSION FOR TREATMENT ORDER</p>	
<p>To the Commissioner for the Promotion of Rights of Persons with Mental Disorders</p>	
<p>Please extend the Involuntary Admission for Treatment Order for:</p>	
<p>_____ <u>M / F</u> _____ (Surname) (Name) (ID No) (D.O.B.) (Sex) (Ward)</p> <p>granted on (date) _____ IATO Ref No _____ and due to expire on _____</p>	
<p>To be filled by responsible specialist in mental health</p>	<p>I am the responsible specialist of the above mentioned person in terms of the Mental Health Act. It is my opinion that:</p> <p>(a) the criteria of the Mental Health Act for Involuntary Admission still apply to the person. I base my opinion on the following facts:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(b) the person requires to be further detained in this licensed facility for treatment. I base my opinion on the following facts:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(c) the objectives and timeframes of the original multidisciplinary care plan were not attained because (give reasons and indicate which objectives were not attained):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> A modified multidisciplinary care plan is submitted with this application.</p> <p>_____</p> <p style="text-align: center;">(Official Stamp) (Signature) (Reg. No)</p> <p>_____</p> <p style="text-align: center;">(Date) (Time)</p>

To be filled by Commissioner	<p>Application received on (date) _____ at (time) _____</p> <p><input type="checkbox"/> Modified care plan submitted</p> <p><input type="checkbox"/> Modified care plan not submitted</p> <p><input type="checkbox"/> Dr _____ requested to submit modified care plan</p> <p>_____ (Signature) _____ (Date) _____ (Time)</p>
To be filled by Commissioner	<p><input type="checkbox"/> Case reviewed on (date) _____</p> <p>DECISION</p> <p><input type="checkbox"/> Extension of Involuntary Admission for Treatment Order granted for a period of _____ (weeks) and shall expire on (date) _____</p> <p><input type="checkbox"/> Extension of Involuntary Admission for Treatment Order not granted because:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>My decision was communicated in writing to the responsible specialist on (date) _____</p> <p>_____ (Signature) _____ (Date) _____ (Time)</p>