



PR2

<b>Mental Health and Wellbeing Act 2022 ADMISSION (PR2)</b>				Local Patient Identifier													
				FAMILY NAME													
Campus Name				GIVEN NAMES						ALIAS							
Ward/Unit				DATE OF BIRTH				SEX		GENDER							
Mental Health Statewide UR Number												Place patient identification label above					
Admission Date				Admission Time				Tel: (H)			Tel: (M)						
Address No. and Street						Suburb/Town Locality						Postcode					
ALERT																	
Primary Carer	Relationship						Tel. (M):			Nominated Support Person			Next of kin				
	Name						Tel. (H/W)			<input type="checkbox"/>			<input type="checkbox"/>				
	Address						Suburb			Postcode							
Other Carer	Name						Tel. (M):			Nominated Support Person			Next of kin				
	Address						Tel. (H/W)			<input type="checkbox"/>			<input type="checkbox"/>				
MHA Legal Status	<input type="checkbox"/> CAO		<input type="checkbox"/> ITO		Sentencing Act Status		<input type="checkbox"/> Court CAO		CMIA		<input type="checkbox"/> CSO		<input type="checkbox"/> NCSO Apprehend				
	<input type="checkbox"/> IAO		<input type="checkbox"/> CTO				<input type="checkbox"/> Court IAO				<input type="checkbox"/> CSO leave		<input type="checkbox"/> Remand				
	<input type="checkbox"/> ITTO		<input type="checkbox"/> STO				<input type="checkbox"/> Court STO				<input type="checkbox"/> CSO susp leave		<input type="checkbox"/> Other				
	<input type="checkbox"/> CTOO		<input type="checkbox"/> None								<input type="checkbox"/> NCSO						
Other legislation	<input type="checkbox"/> Severe Substance Dependence (SSDTA)						<input type="checkbox"/> Other Court Order			<input type="checkbox"/> Guardian order (GAAA)							
	<input type="checkbox"/> Disability Act						<input type="checkbox"/> Child Youth & Families Act			<input type="checkbox"/> Administrator order (GAAA)							
Admission Details	<input type="checkbox"/> Emergency Dept		<input type="checkbox"/> Statistical Admission				<input type="checkbox"/> Community residential service (CCU)				<input type="checkbox"/> ITO/ITTO						
	<input type="checkbox"/> Direct (home/formal)		<input type="checkbox"/> Transfer from public MH inpatient service				<input type="checkbox"/> Residential care service (PGNH)				<input type="checkbox"/> Not Applicable						
	<input type="checkbox"/> Other (specify) .....																
Admission Type	<input type="checkbox"/> Other Emergency Admission						<input type="checkbox"/> Emergency admission through ED at this campus										
	<input type="checkbox"/> Elective admission						<input type="checkbox"/> Statistical admission										
Accommodation Type	<input type="checkbox"/> Overnight shared room						<input type="checkbox"/> Same Day			<input type="checkbox"/> Hospital in the Home							
	<input type="checkbox"/> Overnight single room						<input type="checkbox"/> Emergency department			<input type="checkbox"/> Other							
Admission Source	<input type="checkbox"/> Admission from private residence/accommodation						<input type="checkbox"/> Statistical admission (change in Care Type)										
	<input type="checkbox"/> Transfer from acute hospital/shared care/rehab/other mental health facility/transitional care						<input type="checkbox"/> Transfer from Aged Care Residential facility										
							<input type="checkbox"/> Transfer from MH residential facility (incl psychogeriatric)										
Criterion for Admission	<input type="checkbox"/> Patient expected to require hospitalisation for minimum one night						<input type="checkbox"/> Day only automatically admitted procedures										
	<input type="checkbox"/> Day Only extended Medical treatment						<input type="checkbox"/> Day only not automatically qualified procedures										
Program Care Type (VAED)	<input type="checkbox"/> Acute Adult				<input type="checkbox"/> Child and Adolescent (CAMHS)				Maintenance Care <input type="checkbox"/> Alcohol & Drug Program								
	<input type="checkbox"/> Acute Specialist				<input type="checkbox"/> MH Secure Extended Care Unit (SECU)												
	<input type="checkbox"/> Acute – Aged Persons (APMH)				<input type="checkbox"/> Mental Health Nursing Home Type												
Insurance Status	<input type="checkbox"/> Hospital Insurance				Insurance Fund Name				Intended Length of Stay <input type="checkbox"/> Overnight or longer <input type="checkbox"/> Same day								
	<input type="checkbox"/> No hospital insurance																
<input type="checkbox"/> Hospital status unknown				Membership No.													
Account Class	<input type="checkbox"/> Public ( Acute)				<input type="checkbox"/> Ineligible ( Overseas visitors)				<input type="checkbox"/> NHT App NH5								
	<input type="checkbox"/> Private				<input type="checkbox"/> Armed Services				<input type="checkbox"/> Workcover								
	<input type="checkbox"/> DVA				<input type="checkbox"/> TAC				<input type="checkbox"/> Other (specify).....								
Transport Mode	<input type="checkbox"/> Emergency/Ambulance						<input type="checkbox"/> Hospital ( including mental health staff)						<input type="checkbox"/> Not applicable				
	<input type="checkbox"/> Police						<input type="checkbox"/> Other										
Crisis Assessment	<input type="checkbox"/> Has occurred prior to admission						<input type="checkbox"/> Has not occurred prior to admission			<input type="checkbox"/> Not applicable			<input type="checkbox"/> Unknown				
Transfer Source (from MHS campus)	Name:						Campus:						Previous length of stay				
Transfer reason	<input type="checkbox"/> General bed unavailable				<input type="checkbox"/> Previous patient of this hospital				<input type="checkbox"/> Patient out of area				<input type="checkbox"/> Other reason				
	<input type="checkbox"/> High dependency				<input type="checkbox"/> Specialty not available				<input type="checkbox"/> Patient preference				<input type="checkbox"/> Not applicable				
Escort Source	<input type="checkbox"/> Emergency department				<input type="checkbox"/> ICU/CCU				<input type="checkbox"/> Ambulance		<input type="checkbox"/> Retrieval service		<input type="checkbox"/> Nil				
	<input type="checkbox"/> Community staff				<input type="checkbox"/> Ward				<input type="checkbox"/> Police		<input type="checkbox"/> Other						
Prior Restraint	<input type="checkbox"/> Yes				<input type="checkbox"/> No				Prior Sedation		<input type="checkbox"/> Yes		<input type="checkbox"/> No				
Name:						Date:											
Signature:						Designation:											

ADMISSION

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JULY 2023

ROLLS AUSTRALIA 1300 000 192