

*To be printed on the letterhead of the Community Mental Health Facility*

***(This template has been prepared to assist in the preparation of reports by treating psychiatrists, doctors or case managers in support of an application for a Community Treatment Order (CTO). Reports should address the following headings with sufficient detail as appropriate for the particular patient)***

## ***Report for the Mental Health Review Tribunal***

**Client's Name:**

**Date of Birth:**

**Client's Address:**

**Mental Health Facility/Health Care Agency:**

- **Person's legal status ( i.e. currently subject to a CTO, involuntary or voluntary patient or not subject to any order) and expiry date of current involuntary patient order or community treatment order**
- **Current diagnosis and background to current presentation**
- **Efficacy of current CTO (if on an existing CTO)**
- **History of illness (including co-morbid conditions) and treatment as a patient or under previous community treatment orders**
- **Length of order proposed and why**
- **How the CTO will benefit the patient as the least restrictive form of safe and effective care**
- **Current medication and any changes during the period of the order**
- **Plans and goals for the person's ongoing care and future treatment and management**
- **The patient's response to treatment and willingness to continue with treatment**
- **The patient's attitude towards the application and confirmation that contents of the report have been discussed with the person**
- **Psycho social issues, including family and community supports**
- **Viewpoint of family and carers to CTO and their role or input into discharge planning ( if relevant)**

**Name, position and contact number  
signed and dated**