

# Substance Addiction (Compulsory Assessment and Treatment) Act 2017

Note: All section references are to the Substance Addiction (Compulsory and Treatment) Act 2017



## Clinical Review of Patient

(Section 42 – Condition of the patient to be kept under review)

- (1) The responsible clinician must ensure that clinical reviews of the patient's condition are conducted at regular intervals
- (2) For the purposes of a clinical review, the responsible clinician must—
  - (a) examine the patient; and
  - (b) consult other health professionals involved in the treatment and care of the patient, and take their views into account when assessing the results of his or her review of the patient's condition.
- (3) The responsible clinician must consider the patient's treatment plan in light of the reviews and make any adjustments or additions to the treatment plan that the clinician thinks fit.

To: The Director of Area Addiction Services at \_\_\_\_\_ DHB

### Contact information of the patient

|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| Last name            |                      | First name           |                      |
| <input type="text"/> |                      | <input type="text"/> |                      |
| Date of birth        | NHI                  | Phone number         |                      |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |
| Address              |                      |                      | Postcode             |
| <input type="text"/> |                      |                      | <input type="text"/> |

The patient is subject to a compulsory treatment order made under section 32 of the Substance Addiction (Compulsory Assessment and Treatment) Act 2017, which commenced on \_\_\_/\_\_\_/\_\_\_ and expires on \_\_\_/\_\_\_/\_\_\_.

I have examined the patient and consulted with other health professionals engaged in the treatment and care of the patient. I have taken the views of those health professionals into account in assessing the results of my review of the patient's condition.

In my opinion the above named patient is:

fit to be released from compulsory treatment status

**OR**

not fit to be released from compulsory treatment status.

I shall send a copy of this review to each of the following: (*tick as applicable*)

- the patient
- the patient's principal caregiver
- any welfare guardian of the patient (if the Court has nominated one)
- the patient's nominated person (if the patient has nominated one)
- any person who is a guardian of a child of the patient
- any agency involved in providing relevant services to the patient
- a district inspector
- the Director of Area Addiction Services, together with any other relevant reports relating to the patient's care and treatment.

### Contact details and signature of the responsible clinician

|                                    |  |                      |                      |
|------------------------------------|--|----------------------|----------------------|
| Last name                          |  | First name           |                      |
| <input type="text"/>               |  | <input type="text"/> |                      |
| Address                            |  |                      | Postcode             |
| <input type="text"/>               |  |                      | <input type="text"/> |
| Email address                      |  | Contact phone number |                      |
| <input type="text"/>               |  | <input type="text"/> |                      |
| <input type="text"/>               |  | <input type="text"/> |                      |
| Signature of responsible clinician |  | Date                 |                      |

