CLARIFICATION OF PURPOSE OF MEDICATION

(PRN OR FIXED DOSE)

Person's Name		Date of Birth	
Address			

Under the *Disability Services Act 2006*, some medication could be considered Chemical Restraint. Could you please consider the following extracts from the Acts governing our working with Disability Services clients and clarify the purpose of prescribing clients certain medications.

The *Disability Services Act 2006*, Part 6, section 145

Meaning of Chemical Restraint

(1) ***Chemical restraint,*** of an adult with an intellectual or cognitive disability, means the use of medication for the primary purpose of controlling the adult's behaviour in response to the adult's behaviour that causes harm to the adult or others.

(2) However, the following are not chemical restraint –
  (a) using medication for the proper treatment of a diagnosed mental illness or physical condition;
  (b) using medication, for example, a sedative, prescribed by a medical practitioner to facilitate or enable the adult to receive a single instance of health care under the GAA.

(3) To remove any doubt, it is declared that an intellectual or cognitive disability is not a physical condition;

(4) In this section –
diagnosed, for a mental illness or condition, means a doctor confirms the adult has the illness or condition.
mental illness see the *Mental Health Act 2016*, section 10.

The *Mental Health Act 2016*, section 10 - **What is *mental illness***

(1) ***Mental illness*** is a condition characterised by a clinically significant disturbance of thought, mood, perception or memory

(4) A decision that a person has a mental illness must be made in accordance with internationally accepted medical standards.

Name of Medication	Dose	Route	Frequency	Fixed Dose or PRN	Reason for Medication (Please tick applicable – one box per row only)			If medication is used for the proper treatment of a diagnosed mental illness or physical condition please specify the mental illness or physical condition.
					Proper treatment of a diagnosed "MENTAL ILLNESS"	Proper treatment of a diagnosed "PHYSICAL CONDITION"	Primary purpose of CONTROLLING "THE PERSON'S BEHAVIOUR"	
					☐	☐	☐	
					☐	☐	☐	
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					☐	☐	☐	
					☐	☐	☐	
					☐	☐	☐	
Date of last medication review					Date of next scheduled medication review			

Doctor's signature: .....

Doctor's name: .....

Date: .....

Practice stamp