

SEVERE SUBSTANCE DEPENDENCE TREATMENT ACT 2010  
Section 12(7)(a)

Regulation 7  
Severe Substance Dependence Treatment Regulations 2022

FORM 2

**RECOMMENDATION FOR A DETENTION AND TREATMENT  
ORDER**

TO THE MAGISTRATES' COURT

I, *[insert your name]*, recommend that the court make a detention and treatment order under section 20 of the **Severe Substance Dependence Treatment Act 2010** in respect of *[insert name of person the registered medical practitioner recommends should be made subject to a detention and treatment order]*

**PATIENT DETAILS**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

(1) I am a registered medical practitioner who is prescribed for the purposes of section 12 of the **Severe Substance Dependence Treatment Act 2010**.

(2) I personally examined the abovenamed patient *[insert patient name]* \_\_\_\_\_  
\_\_\_\_\_ on *[insert date]* \_\_\_\_\_ at  
*[insert time]* \_\_\_\_\_.

(3) I examined the patient:  
 at the request of:

Name: \_\_\_\_\_  
*[insert full name of person requesting the examination]*

Address: \_\_\_\_\_  
*[insert address of person requesting the examination]*

Relationship between the person requesting the examination and the patient:  
\_\_\_\_\_

OR

subject to a special warrant under section 13 of the **Severe Substance Dependence Treatment Act 2010**

(Please select one  only)

(4) It is my opinion that all of the following criteria in section 8(2) of the **Severe Substance Dependence Treatment Act 2010** apply to the patient:

a. **the person has a severe substance dependence; and**

A person has a severe substance dependence if—

- the person has tolerance to the substance; and
- the person shows withdrawal symptoms when the person stops using, or reduces the level of use of the substance; and
- the person is incapable of making decisions about their substance use and personal health, welfare and safety primarily to the person's dependence on the substance.

*[Specify the substance(s) and the nature and length of time of the dependence.]*

*[Specify the facts on which you base your opinion that the person is incapable of making decisions primarily due to substance dependence.]*

b. **because of the person's severe substance dependence, immediate treatment is necessary as a matter of urgency to save the person's life or prevent serious damage to the person's health; and**

*[Specify the facts on which you base your opinion that immediate treatment is necessary to save the person's life or prevent serious damage to their health.]*

- c. **the treatment can only be provided to the person through the admission and detention of the person in a treatment centre; and**

*[Specify the facts on which you base your opinion that treatment can only be provided through the admission and detention of the person and not through other means.]*

- d. **there is no less restrictive means reasonably available to ensure the person receives treatment.**

*[Specify the facts on which you base your opinion that there is no less restrictive means reasonably available to ensure the person receives treatment. You may refer to the person's living arrangements, support persons, dependants, history of previous treatment and other relevant circumstances.]*

*[Distinguish between facts personally observed and facts communicated to you by another person.]*

- (5) I have consulted with *[name of senior clinician]*:

\_\_\_\_\_

of *[insert name of treatment centre where it is proposed to detain the person]*:

\_\_\_\_\_

on *[insert date]* \_\_\_\_\_ at *[insert time]* \_\_\_\_\_ \*a.m./\*p.m.

The senior clinician at the treatment centre has advised me there are the facilities and services available \_\_\_\_\_ to treat the person at the treatment centre

Signed: \_\_\_\_\_  
*[signature of prescribed registered medical practitioner making recommendation]*

Dated: \_\_\_\_\_  
[insert date]

Name: \_\_\_\_\_  
[full name of prescribed registered medical practitioner making recommendation]

Professional address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Qualifications: \_\_\_\_\_

\*Delete if not applicable