



MHA16

Mental Health Act 1986

Section 37

Local Hospital Patient Number:

Grid for Local Hospital Patient Number

Family Name:

Given Names:

Date of Birth: Sex:

Alias:

Mental Health Statewide Patient Number

Grid for Mental Health Statewide Patient Number

DISCHARGE FROM INVOLUNTARY PATIENT STATUS

Notes to completing this form

The patient must be given a copy of this Discharge from Involuntary Patient Status.

The criteria in section 8(1) of the Mental Health Act 1986 are:

- (a) the person appears to be mentally ill; and
(b) the person's mental illness requires immediate treatment...
(c) because of the person's mental illness, involuntary treatment...
(d) the person has refused or is unable to consent...
(e) the person cannot receive adequate treatment...

GIVEN NAME/S FAMILY NAME (BLOCK LETTERS) of patient

- an involuntary patient subject to:
an involuntary treatment order.
a community treatment order.
(please cross relevant options)

a patient of: approved mental health service

TO THE PATIENT

- (1) I consider that all the criteria in section 8(1) of the Mental Health Act 1986 no longer apply to you.
(2) The reasons for my decision are:

Large grid area for providing reasons for decision

(3) I discharge you from your Order and from being an involuntary patient.

I am the \* delegated / authorised psychiatrist of the approved mental health service.

- I have discussed ongoing care / discharge planning with the patient.
(please cross)

GIVEN NAME/S FAMILY NAME (BLOCK LETTERS) of \* delegated/ authorised psychiatrist

Signed: Date:

\* delete as necessary

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DEC 2004

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