

Mental Health Act 1986

Sections 39, 49 & 53AB

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

TRANSFER OF A SECURITY / INVOLUNTARY / FORENSIC PATIENT BY CHIEF PSYCHIATRIST

Notes to completing this form

The patient must be given a copy of this Transfer of a Security / Involuntary / Forensic Patient by Chief Psychiatrist.

Any documents relevant to the admission and future treatment of the patient must be forwarded at the same time to the receiving approved mental health service.

Appeals

- Security or involuntary patients may appeal against a transfer to the Mental Health Review Board. Forensic patients may appeal against a transfer to the Forensic Leave Panel.

Main decision form with checkboxes for security, involuntary, and forensic patient types, and options for treatment orders.

TO THE PATIENT

Order form for the patient, including transfer date, reasons for decision, and satisfaction of transfer.

I am the * delegated / Chief Psychiatrist.

Signed: Date: Grid for date

TO BE COMPLETED FOR SECURITY AND HOSPITAL TRANSFER ORDER PATIENTS ONLY

To the Secretary, Department of Justice / Secretary, Department of Human Services / Chief Commissioner of Police

Please note the transfer of the abovenamed *security / hospital transfer order patient.

Signed: Date: Grid for date

* delete as necessary

