

Mental Health Act 1986

Section 93G

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 ORDER OF AN INVOLUNTARY PATIENT TO AN INTERSTATE MENTAL HEALTH FACILITY

Notes to completing this form

This form is used for transferring patients to a mental health facility in another State or Territory where a Ministerial Agreement exists between Victoria and the receiving jurisdiction.

The patient must be given a copy of this Transfer Order of an Involuntary Patient to an Interstate Mental Health Facility.

You must send a copy of this Transfer Order to the Mental Health Review Board for review.

The order does not take effect unless the Board confirms it.

Attach copies of: the 'transfer request' sent to the interstate mental health facility; and the written agreement by the interstate authority for the receiving mental health facility.

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

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

- an involuntary patient subject to: an involuntary treatment order, a community treatment order, a restricted involuntary treatment order under section 93 Sentencing Act 1991, a restricted community treatment order, continued detention and treatment under section 12A or 12C.

(please cross [x] relevant options)

a patient of: approved mental health service

TO THE PATIENT

- I order that you be transferred: on the ... day of ... 20 OR on a date to be agreed with the interstate mental health facility. to: name of receiving mental health facility

- The reasons for my decision are: The Mental Health Review Board will review this order to decide whether or not you should be transferred to an interstate mental health facility. You will not be transferred unless the Board confirms this order.

TO THE MENTAL HEALTH REVIEW BOARD

- I am satisfied that: the patient will benefit from the transfer. the transfer is necessary for the patient's treatment. The transfer is permitted by or under a corresponding law. The interstate authority for the interstate mental health facility has agreed in writing to the transfer. A copy is attached. The patient has been consulted and \*does / does not object to the proposed transfer. I have attached a copy of the 'transfer request' sent to the interstate mental health facility.

- I am the \* delegated / authorised psychiatrist of the approved mental health service. I am the \* delegated / chief psychiatrist. An urgent review by the Board of this order is requested for the following reasons:

(please cross [x] whichever applies)

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

Signed: Date:

\* delete as necessary

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MHA 36 TRANSFER ORDER