

Mental Health and Wellbeing Act 2022 SEPARATION (PR5)

Local Patient Identifier															
FAMILY NAME															
Campus Name					GIVEN NAME					ALIAS					
Ward/Unit					DATE OF BIRTH					SEX			GENDER		

Mental Health Statewide UR Number

Place patient identification label above

Separation Date										Separation Time											Tel: (H)											Tel: (M)										
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ALERT	Email:																								
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Separation MHA Legal Status	<input type="checkbox"/> CAO	<input type="checkbox"/> ITO	Sentencing Act Status	<input type="checkbox"/> Court CAO	CMIA	<input type="checkbox"/> CSO	<input type="checkbox"/> NCSO Apprehend
	<input type="checkbox"/> IAO	<input type="checkbox"/> CTO		<input type="checkbox"/> Court IAO		<input type="checkbox"/> CSO leave	<input type="checkbox"/> Remand
	<input type="checkbox"/> ITTO	<input type="checkbox"/> STO		<input type="checkbox"/> Court STO		<input type="checkbox"/> CSO susp leave	<input type="checkbox"/> Other
	<input type="checkbox"/> CTTO	<input type="checkbox"/> None				<input type="checkbox"/> NCSO	

Other Separation status	<input type="checkbox"/> Severe Substance Dependence (SSDTA)	<input type="checkbox"/> Other Court Order	<input type="checkbox"/> Guardian order (GAAA)
	<input type="checkbox"/> Disability Act	<input type="checkbox"/> Child Youth & Families Act	<input type="checkbox"/> Administrator order (GAAA)

Separation Mode	<input type="checkbox"/> To private residence/accommodation	<input type="checkbox"/> Statistical separation (change in Care Type)
	<input type="checkbox"/> Separation and transfer to other acute hospital/ extended care/ rehab/ geriatric centre /other mental health facility	<input type="checkbox"/> Separation and transfer to Aged Care Residential facility
	<input type="checkbox"/> Left against Medical Advice/ Absconded	<input type="checkbox"/> Separation and transfer to MH residential facility (incl psychogeriatric)
		<input type="checkbox"/> Death
		<input type="checkbox"/> Other

Separation Referral Date										Date Referral Letter Sent										
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Separation Referral To	<input type="checkbox"/> Mental Health Community Services	<input type="checkbox"/> Psychiatric Disability Support	<input type="checkbox"/> Other Clinical Care &/or support services
	<input type="checkbox"/> GP	<input type="checkbox"/> Domiciliary Post natal Care	<input type="checkbox"/> Home Nursing support
	<input type="checkbox"/> Private Psychiatrist	<input type="checkbox"/> Community Rehabilitation Centre	<input type="checkbox"/> No Referral or support services
	<input type="checkbox"/> Community Palliative Care Support	<input type="checkbox"/> Post-Acute Care Program	<input type="checkbox"/> Not applicable (incl: death)
	<input type="checkbox"/> Aged Care Assessment ACAS	<input type="checkbox"/> Aboriginal & Torres Strait Islander service	<input type="checkbox"/> Other
	<input type="checkbox"/> Alcohol & Drug Service		

From campus	To campus/ sub centre
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From sub centre	To agency/ sub centre
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From clinician	To person
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Intention to readmit (within 28 days)	<input type="checkbox"/> No Plan to Readmit	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Other Acute hospital – booked
	<input type="checkbox"/> This Hospital Booked	<input type="checkbox"/> This Hospital Not booked	<input type="checkbox"/> Other Acute hospital – not booked

Carer Availability	<input type="checkbox"/> Carer Not needed	<input type="checkbox"/> Lives with Another, Has no Carer	<input type="checkbox"/> Lives in a Mutually dependent situation
	<input type="checkbox"/> Lives alone, Has a Carer	<input type="checkbox"/> Lives with another, Has a resident Carer	<input type="checkbox"/> Not applicable/Missing or Not recorded
	<input type="checkbox"/> Lives alone, Has no Carer	<input type="checkbox"/> Lives with another, Has a non-resident Carer	

Address at Separation	Tele: (M)
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Suburb	Postcode	Tele: (H/W)
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Contact person:	Name	Relationship	Tele: (M)
	Address	P/code	Tele: (H/W)

Other Care Provider/Dr:	Name	Relationship	Tele: (M)
	Address	P/code	Tele: (W)

Diagnosis (include Principal diagnosis – defined as condition after study necessitating admission to hospital)	ICD 10 AM Code

Diagnosis (include Principal diagnosis – defined as condition after study necessitating admission to hospital)	ICD 10 AM Code

Name	Date:						
Signature:	Designation:						



PR5

ROLLS AUSTRALIA z1300 600 192

JULY 2023

SEPARATION

PR 5