



Health

SURNAME

MRN

OTHER NAMES

MALE FEMALE

Facility:

D.O.B. ____ / ____ / ____

M.O.

ADDRESS

NOTICE TO PRINCIPAL CARE PROVIDER OF AN INVOLUNTARY PATIENT OF APPLICATION TO MENTAL HEALTH REVIEW TRIBUNAL FOR CONSENT FOR PROPOSED SURGICAL OPERATION

LOCATION

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

NSW MINISTRY OF HEALTH

MENTAL HEALTH ACT 2007

Sections 78, 100 and 101

Dear

Address

Notification to principal care provider of proposed surgical operation

It is my opinion as an authorised medical officer of
(name of mental health facility)

that it is desirable and in the best interests of
(patient's full name)

who is an involuntary patient (which includes a forensic or correctional patient) in the mental health facility in accordance with the Mental Health Act 2007, to undergo a surgical operation

for
(lay description of condition)

This operation or treatment is called
(medical name)

In accordance with the Mental Health Act, I am hereby notifying you that I propose to seek consent to the surgical operation from the NSW Ministry of Health or the Mental Health Review Tribunal.

Important Information:

- If the patient's designated carer agrees to the proposed surgery, the consent will be sought from the Ministry;
- If the designated carer does not agree, the consent will be sought from the Mental Health Review Tribunal and the Tribunal will conduct a hearing in relation to this application. You are able to attend this hearing if you wish.

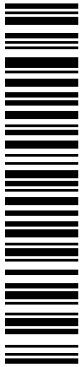
If you wish to discuss this matter further please contact
(Name)

on
(telephone number)

Yours faithfully

Print name Designation

Signature Date / /



SMR025112

Holes Punched as per AS2828.1: 2012
BINDING MARGIN - NO WRITING

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NOTICE TO PRINCIPAL CARE PROVIDER OF PROPOSED SURGICAL OPERATION

SMR025.112