

FAMILY NAME		MRN
GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. _____/_____/_____		M.O.
ADDRESS		
LOCATION		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

Facility:

FORM 4
APPEAL BY PERSON OTHER THAN
PATIENT AGAINST REFUSAL TO
DISCHARGE PATIENT

Form 4
(Mental Health Regulation 2013 - Clause 7 (2) (a))
(Mental Health Act 2007, Section 44 (1))

The Registrar
Mental Health Review Tribunal
PO Box 2019
BORONIA PARK NSW 2111

**Appeal by a person other than the patient
against refusal to discharge a patient**

This appeal relates to
(patient's name)

who is an involuntary patient/a person detained at

An application was made to an authorised medical officer for discharge of the patient under section 44 of the *Mental Health Act 2007*.

My name is
(name of appellant)

- I am:
- the applicant for discharge of the patient
 - a person appointed by the patient.

(Tick one box only)

I want to appeal to the Mental Health Review Tribunal against the authorised medical officer's:

- refusal to discharge the patient
- failure to make a determination within 3 working days after the application for discharge of the patient.

(Tick one box only)

.....
(Signature)

...../...../.....
(Date)