



FAMILY NAME

MRN

GIVEN NAME

MALE  FEMALE

Facility:

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

M.O.

ADDRESS

**APPLICATION FROM DESIGNATED CARER OR PRINCIPAL CARE PROVIDER FOR DISCHARGE OF PATIENT**

LOCATION

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

NSW MINISTRY OF HEALTH

**MENTAL HEALTH ACT 2007  
Section 43**

**APPLICATION FROM DESIGNATED CARER OR PRINCIPAL CARE PROVIDER FOR PATIENT'S DISCHARGE FROM MENTAL HEALTH FACILITY**

To the Authorised Medical Officer

I, ..... , being the designated  
(Full name of Applicant)

carer / principal care provider of .....  
(Full name of Patient)

who is an Involuntary Patient, or person detained, at .....  
(Name of Mental Health Facility)

request that he/she be discharged from the facility.

It is my undertaking that the patient or person will be properly taken care of.

Signature ..... Date ..... / ..... / .....

Address: .....

.....

.....

**INFORMATION**

This application should be given to the Medical Superintendent or to another member of the mental health facility's medical staff.

If your application is refused or a decision is not made within three working days, you, the patient or another person appointed by the patient, may appeal to the Mental Health Review Tribunal.



SMR025150

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

APPLICATION FROM DESIGNATED CARER OR PRINCIPAL CARE PROVIDER FOR DISCHARGE OF PATIENT

SMR025.150