



FAMILY NAME

MRN

GIVEN NAME

MALE  FEMALE

Facility:

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

M.O.

ADDRESS

**REQUEST BY A MEMBER OF NSW POLICE FORCE FOR ASSESSMENT OF A DETAINED PERSON**

LOCATION

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

**NSW MINISTRY OF HEALTH**

**Mental Health Act 2007**

**Section 22**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I, the undersigned, ..... a Police officer  
*(Police Officer's Name in full)*

attached to ..... Police Station, inform  
*(Name of Station)*

you, the Medical Superintendent of ..... , a declared  
*(Name of declared mental health facility)*

mental health facility, that it appears to me that .....  
*(Name of person in full, if available)*

is mentally ill or mentally disturbed, and that he/she satisfied one or more of the following criteria:

- was committing or had recently committed an offence; AND/OR
- has recently attempted to kill himself/herself or that it is probable he/she will attempt to kill himself/herself or any other person; AND/OR
- attempted to cause serious physical harm to himself/herself or any other person; AND
- would benefit from being dealt with under the Mental Health Act, rather than otherwise in accordance with law.

Note: Consult NSWPF Handbook for details regarding charging those who have been detained under the Mental Health Act 2007.

**HANDOVER INFORMATION OF DETAINED PERSON**

Person's Name: ..... D.O.B: ...../...../.....

Person's Address: .....

Time apprehended by Police ..... : .....  am /  pm Time Police arrived ..... : .....  am /  pm

Name of Health staff receiving handover: ..... Time of handover ..... : .....  am /  pm

**1. Current Behaviour**

- Threatened self-harm  Attempted suicide  Damaging own property  Intoxication (Drugs/Alcohol)
- Assaulted others  Damaging others property  Verbally threatening others  Attempted self-harm
- Suicide note found  Physically threatening others  Threatened suicide

**2. Search Information**

Has the person been searched?  No  Frisk (MHA)  Ordinary (MHA)  Strip (LEPRA)

If so, what items were found? .....

**3. History Known to Conveying Police**

(N.B: It is recommended that Police complete a CNI check to ensure complete history is provided.)

- Previous use of weapons  Previous suicide attempts  Previous escapee/absconder  Drug/alcohol issues
- Previous self-harm attempts  Known access to firearms  Recent mental health incidents with Police
- Any 'warnings'? If so, what are they? .....

Any other relevant information? (e.g. FACS, AVOs, notifications etc.) .....

Known information on carer/person to contact (e.g. contact details)

Name: ..... / Phone : .....

**4. Method of Transportation to Facility**

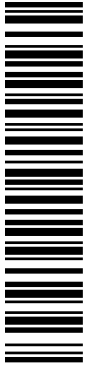
Police  Ambulance  Mental Health Team  Other : .....

**5. Police Intervention**

Communication  Appointments .....  Weaponless control  
*(Type of Appointment)*

**6. Special Needs**

Language  Disability  Interpreter required  Indigenous  Cultural issues Other : .....



SMR025210

Holes Punched as per AS2828.1: 2012

BINDING MARGIN - NO WRITING

NH606722A 130815

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SMR025.210

