



Health

FAMILY NAME

MRN

GIVEN NAME

MALE  FEMALE

Facility:

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

M.O.

ADDRESS

### TRANSFER OF INVOLUNTARY PATIENT BETWEEN MENTAL HEALTH FACILITIES

LOCATION

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

NSW DEPARTMENT OF HEALTH

### MENTAL HEALTH ACT 2007 Sections 78 and 80

### TRANSFER BETWEEN DECLARED MENTAL HEALTH FACILITIES OF INVOLUNTARY PATIENT OR OTHER PERSON DETAINED

Name of patient being transferred .....

from ....., a declared mental health facility,

to ....., declared mental health facility.

The abovementioned transfer in terms of section 80 of the Mental Health Act 2007  
has been arranged, with your concurrence, to take effect on \_\_\_\_ / \_\_\_\_ /20 \_\_\_\_ .

- As required by section 78, I have done all such things as are reasonably practicable to give notice of this transfer, and the reasons therefore, to the patient's primary carer.
- As this transfer arises from circumstances constituting, in my opinion, an emergency, I will, after the patient is transferred, do all such things as are reasonably practicable to give an emergency notice of this transfer, to the patient's primary carer.

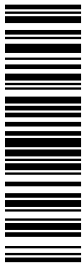
*\* tick one box only*

Signature of authorised medical officer: .....

Name of authorised medical officer: .....

To, the authorised medical officer,

..... Declared Mental Health Facility



SMR025215

Holes punched as per AS2828-1999  
BINDING MARGIN - NO WRITING

NH606725 - 070611

TRANSFER OF INVOLUNTARY PATIENT BETWEEN  
MENTAL HEALTH FACILITIES

SMR025.215