



Interstate Transfer Request Notice

Request to transfer:

_____ Date of Birth: ___ / ___ / ___
Given names of patient Family name of patient (block letters)

To:

Proposed receiving facility: *approved facility / gazetted mental health service

From:

Proposed transferring facility: *approved facility / gazetted mental health service

Signed: _____ **Dated:** ___ / ___ / ___

Given names Family name of *Chief Psychiatrist / Medical Superintendent (block letters)

Address

Telephone Fax Email

Status of patient:

Under the Mental Health Act 1990 (NSW) or *Under the Mental Health (Treatment & Care) Act 1994 (ACT)*

- Continued treatment patient
- Temporary patient
- Involuntary patient s26(1)

Reason for proposed transfer:

_____ Extra details attached: *Yes / No

Information for the ongoing care and treatment of the patient

_____ Extra details attached: *Yes / No

Proposed transport arrangements for transfer

_____ Extra details attached: *Yes / No

*Delete as necessary