



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 MINISTRY OF HEALTH

**MENTAL HEALTH ACT 2007
Sections 78 and 80**

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

To, the Authorised Medical Officer,

..... Declared Mental Health Facility

Name of patient being transferred

from, a declared mental health facility,

to, a 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 ____ / ____ / ____ .

- 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 designated carer and principal care provider.
- 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 designated carer and principal care provider.

** tick one box only*

Name of authorised medical officer:

Signature of authorised medical officer:

Date / /



SMR025215

Holes Punched as per AS2828.1: 2012

BINDING MARGIN - NO WRITING

NH608725A 140815

TRANSFER OF INVOLUNTARY PATIENT BETWEEN MENTAL HEALTH FACILITIES

SMR025.215