



FAMILY NAME

MRN

GIVEN NAME

MALE  FEMALE

Facility:

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

M.O.

ADDRESS

**NOTICE TO DESIGNATED CARER OR PRINCIPAL CARE PROVIDER OF PROPOSED SPECIAL MEDICAL TREATMENT**

LOCATION

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

**NSW MINISTRY OF HEALTH  
Mental Health Act 2007**

**Sections 78 and 103**

Dear .....

Address .....

**Notification to Designated Carer or Principal Care Provider  
in respect of proposed Special Medical Treatment**

It is my opinion as an authorised medical officer of .....  
(name of mental health facility)

that it is necessary to prevent serious damage to the health of .....  
(patient's full name)

who is involuntarily detained in the mental health facility in accordance with the *Mental Health Act 2007*, to undergo special medical treatment for

.....  
(lay description of condition)

This treatment is called .....  
(medical name of treatment, procedure, operation or examination)

**In the Mental Health Act 2007, "special medical treatment" means –**

- "(a) any treatment, procedure, operation or examination that is intended, or is reasonably likely, to have the effect of rendering permanently infertile the person on whom it is carried out, or**
- (b) any other kind of treatment declared by the regulations to be special medical treatment for the purposes of this Part."**

**An application will be made to the Mental Health Review Tribunal for consent to the treatment. The Tribunal will hold a hearing to consider the application and you may attend if you wish.**

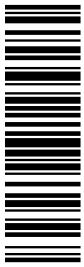
If you wish to discuss this matter further please contact .....  
(name)

on .....  
(telephone)

Yours faithfully

Print name ..... Designation .....

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



SMR025195

Holes Punched as per AS2828.1: 2012

BINDING MARGIN - NO WRITING