



SURNAME

MRN

OTHER NAMES

MALE  FEMALE

Facility:

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

M.O.

ADDRESS

### IDENTIFICATION OF PRINCIPAL CARE PROVIDER

LOCATION

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

### MENTAL HEALTH ACT 2007 SECTION 72A

### IDENTIFICATION OF PRINCIPAL CARE PROVIDER

I ....., as an authorised medical officer  
(provide full name)

/ director of community treatment of .....  
(name of mental health facility)

identify .....  
(insert principal care provider's name)

of .....  
(principal care provider's address)

as the principal care provider of .....  
(insert consumer's name)

as I believe that, for the purposes of this Act, this person is the individual who is primarily responsible for providing support or care to the consumer (other than wholly or substantially on a commercial basis).

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

#### IMPORTANT INFORMATION

- The authorised medical officer or director of community treatment must not determine that a person is the principal care provider of a consumer if the person is excluded from being given notice or information about the consumer under this Act (section 72A(3) and section 72(2)).
- An authorised medical officer or a director of community treatment is not required to give effect to a requirement relating to a principal care provider of a consumer under this Act or the regulations if the officer or director reasonably believes that to do so may put the consumer or the principal care provider at risk of serious harm (section 72A(4)).
- A principal care provider of a person may also be a designated carer of the consumer (section 72A(5)).



SMR025107

Holes Punched as per AS2828.1: 2012  
BINDING MARGIN - NO WRITING

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IDENTIFICATION OF PRINCIPAL CARE PROVIDER

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