REQUEST BY MEMBER OF NSW AMBULANCE FOR THE ASSESSMENT OF A MENTALLY ILL OR MENTALLY DISTURBED PERSON AT A DECLARED MENTAL HEALTH FACILITY

I, the undersigned, ............................................................................................... , an Ambulance Officer authorised to exercise functions under the Mental Health Act, inform you, an authorised medical officer of ............................................................................................... , a declared mental health facility, that it appears to me that ............................................................................

(Name in full, if available)

is mentally ill or mentally disturbed.

FURTHER BRIEF DESCRIPTION OF THE CIRCUMSTANCES LEADING TO THIS REQUEST FOR ASSESSMENT (Include observations of behaviour, mannerisms, moods, words used, thought patterns used by person, information from other sources, details of suicidal intent or harm to others, weapons involved etc):

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The assistance of the NSW Police Force in bringing the person to this mental health facility in accordance with section 20(2) was sought because of concerns about the safety of the person or other persons if the person was brought without the assistance of a police officer –

☐ Yes  ☐ No

Signature __________________________ Date _____ / _____ / _____

Ambulance Officer’s station: ____________________________________________