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 ........../........../............