REGULATION FORM 9

MENTAL HEALTH ACT 2007 - SECTION 196(2)(l)

PARTICULARS OF INVOLUNTARY REFERRALS

(Weekly advice to Mental Health Review Tribunal)

MENTAL HEALTH FACILITY: _____

PREPARED BY (please print): _____

CONTACT NO: _____

Should you have any questions about completing this return contact the Registrar of the Tribunal on 9816-5955

INSTRUCTIONS - When to fill out the form:

- *upon refusal to admit a person taken to or detained in a mental health facility by any of the means referred to in the METHOD OF REFERRAL column;*
- *upon admission (whether as a voluntary or involuntary patient) of a person taken to or detained in a mental health facility against his/her will;*
- *reclassification by mental health facility of a voluntary patient to involuntary patient.*

Where to send the form:

The Registrar
Mental Health Review Tribunal
PO Box 2019
BORONIA PARK NSW 2111
Fax: 9816 5184

When must the form be sent to the Tribunal:
Weekly

MRN	**DOB**	**Sex** M/F	**Country of Birth (please print)** Note: "Unknown" or a blank entry is unacceptable	**Interpreter required? Y/N. If "Y" which language?** (please print)	**Date person taken to hospital OR date patient reclassified to involuntary**	**METHOD OF REFERRAL** (please print one letter) **A** s19 Doctor's Cert. **B** s22 Police **C** s20 Ambulance Officer **D** s58 Breach CTO **E** s26 the principal care provider/ a designated carer/relative/friend **F** s24 s33 MHCPA order **G** s23 via s19 Authorised Dr.'s Cert. **H** Reclassified from voluntary to involuntary	**After examination was the person admitted? Y/N**	**On admission (OR reclassification to Involuntary) was patient classified?** **A** Voluntary **B** Involuntary - mentally ill **C** Involuntary - mentally disordered