



FAMILY NAME		MRN
GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____ / ____ / ____	M.O.	
ADDRESS		
LOCATION / WARD		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

Facility:

FORM 2
MENTAL HEALTH INQUIRY -
MENTAL HEALTH ACT 2007



SMR025115

Form 2

(Mental Health Regulation 2025, Clause 6)
(Mental Health Act 2007, Section 76 (3))

Mental health inquiry - Mental Health Act 2007

Mental health facility
Address

Notice of proceedings before the Mental Health Review Tribunal

Dear

I wish to advise you that is at present a
(full name of patient)
patient at this mental health facility under the provisions of the *Mental Health Act 2007*.

On / / 20....., at approximately ____ . ____ am/pm, the Mental Health Review Tribunal
will hold an inquiry at
(premises where inquiry is to be held)
to consider whether or not further detention for the purpose of treatment is warranted.

You are invited to attend this inquiry. With the permission of the patient and the Tribunal, any person at all may represent the patient. However, the patient will be legally represented unless the patient decides that he or she does not want to be. Should it be necessary, a competent interpreter will be available to assist.

If the Tribunal considers further detention is warranted the Tribunal will also consider whether or not the patient is able to manage his or her affairs. If the Tribunal considers that the patient is able to do so, then the patient will continue to do so. If the Tribunal is not satisfied that the patient can manage his or her affairs, then an order will be made that the NSW Trustee and Guardian manage the patient's affairs.

If the patient does not agree that his or her affairs should be managed by the NSW Trustee and Guardian, the patient may appeal to the Supreme Court or the Civil and Administrative Tribunal.

If you have any questions, please feel free to discuss them with the patient's doctor or social worker. Contact may be made by telephoning
(telephone number)

Yours faithfully

.....
(Authorised medical officer)

..... /..... /.....
(date)

Holes Punched as per AS2828.1: 2019

BINDING MARGIN - NO WRITING

NH606707A 100326