



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:

### NSW HEALTH/ NSW POLICE MOU ABSCONDED PATIENT

## REPORT TO POLICE (PART A)

Telephone Contact With Police Must Be Made Prior To Forwarding This Form

Health staff must also complete Absconded Patient Outcome Report to Police (Part B) to advise Police of the outcome.

#### Additional Patient Information

Preferred Name Phone Number Recent Photo Attached  Yes  No

Cultural and Religious Considerations

Preferred Language

#### Patient Description (Tick appropriate option)

Build  Medium  Muscular  Obese  Solid  Thin  Height (specify): \_\_\_\_\_

Hair	Colour	<input type="checkbox"/> Blonde	<input type="checkbox"/> Brown	<input type="checkbox"/> Black	<input type="checkbox"/> White	<input type="checkbox"/> Light brown
		<input type="checkbox"/> Grey	<input type="checkbox"/> Red/Ginger	<input type="checkbox"/> Auburn	<input type="checkbox"/> Other (specify): _____	
Length/Style		<input type="checkbox"/> Short	<input type="checkbox"/> Medium	<input type="checkbox"/> Long	<input type="checkbox"/> Bald	<input type="checkbox"/> Curly
		<input type="checkbox"/> Straight <input type="checkbox"/> Other (specify): _____				

Eyes  Black  Blue  Blue/Grey  Brown  Green  
 Hazel  Grey  Glasses  Other (specify): \_\_\_\_\_

Facial Hair  Moustache  Beard  Sideburns  Goatee  Shaven

Complexion  Fair  Medium  Dark  Pale  Olive  
 Tanned  Freckled  Ruddy  Acne/spotted

Hearing  Adequate  Impaired  Hearing aid  Deaf

Distinguishing Features  Tattoo  Scar  Disability  Piercing  
 Impairment (eg Limp / Mobility Aid) (specify): \_\_\_\_\_  
Other Features

#### Details of people who may be able to assist Police to locate the Patient

1. Name	Relationship
Address	Phone
2. Name	Relationship
Address	Phone
GP / Doctor (print name)	Phone

#### Incident Information

Date Patient Last Seen Time Patient Last Seen

Last Seen Location

Possible Destination/s

Description of Clothing When Last Seen

Circumstances of Disappearance (e.g. absconded from care, leave etc)



SMR020201

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BINDING MARGIN - NO WRITING

NH700544 010421



FAMILY NAME

MRN

GIVEN NAME

MALE  FEMALE

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

M.O.

Facility:

ADDRESS

**NSW HEALTH/ NSW POLICE  
MOU ABSCONDED PATIENT**

LOCATION / WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

**REPORT TO POLICE (PART A)**

**Mental Health Legal Status** (tick appropriate option)

Yes No

**Voluntary**

**Detained Under Mental Health Act 2007**

Police Assistance Sought Under:  
Section 49

**Detained Under Mental Health and Cognitive  
Impairment Forensic Provisions Act 2020**

Police Assistance Sought Under:  
Section 111

Copy of Legal Status Paperwork Attached

**Current concern for this patient**

Suicide

Details:

Harm (to self/to others/  
from others)

Details:

Other, (e.g. illicit drug  
taking, medical  
condition, confusion)

Details:

**Response / Action Taken By Health Service/Facility** (Tick appropriate option)

Yes No

Yes No

Patient Contacted by Telephone or Mobile

Abscinding Alert Created in eMR

Family / Carer Informed

Registered on ims+

Facility Grounds and Surrounds Searched

Facility Manager Informed

MH Team Informed

Facility Manager Name:

Home Address Visited

Places Patient Known to Frequent Visited

Please provide any other relevant information (e.g. recent medication administered and side effects; best way to approach and support the patient):

**Reporting details – telephone contact with Police must be made prior to forwarding this form**

Police Officer Reported to (print name)

Station

Date  
Time

Email

Phone

Print Staff Name

Designation

Signature

Date

**POLICE USE ONLY**

COPs entry no: **E:**

Uploaded to iVIEW  Yes  No

Instructions: Forward the completed Part A to Police and keep a copy in the patient's medical record. This will assist staff to complete Part B 'Outcome Report to Police.'





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**NSW HEALTH/ NSW POLICE  
MOU ABSCONDED PATIENT**

**OUTCOME REPORT TO POLICE (PART B)**

**Telephone Contact With Police Must Be Made Prior To Forwarding This Form**

To be completed by Health Facility staff in conjunction with Absconded Patient Report to Police (Part A). Part B is to advise Police that their assistance is no longer required.

Date / Time Reported Missing	Health Facility
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**OUTCOMES**

Discharged  Yes    Patient Sighted  Yes    Patient Located/ Contacted  Yes    Patient Deceased  Yes

Patient was NOT Sighted, Located or Returned    Date / Time Search Ceased

**Notification of Patient's return:** Advise Police by telephone immediately if missing patient returns or is located elsewhere or Police assistance is no longer required and forward them this completed form.

Patient Returned to Health Facility (Self / MH Team / Family / Carer)     Yes  No

Patient Returned to Health Facility by Police     Yes  No

Police Officer's Name (if applicable)    Station

Date Returned    Time Returned

**Police Notified**     Yes     No     N/A (specify)

Police Officer's Name and Station    Date    Time

**Family / Carer Notified**     Yes     No     N/A (specify)

Name    Date    Time

Name    Date    Time

**Senior Manager/Executive On Call Notified**     Yes     No     N/A (specify)

Senior Manager's Name    Date    Time

**Outcome Recorded in eMR**     Yes     No    eMR

**ims+ Finalised**     Yes     No    ims+ Number

Comments

**Notifications Completed By**

Print Staff Name	Designation	Signature	Date
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MOU ABSCONDED PATIENT**

LOCATION / WARD

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