



FAMILY NAME

MRN

GIVEN NAME

MALE  FEMALE

Facility:

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

M.O.

ADDRESS

**NOTICE TO GUARDIAN  
OF DISCHARGE OF  
VOLUNTARY PATIENT**

LOCATION

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

NSW MINISTRY OF HEALTH

**MENTAL HEALTH ACT 2007  
Section 8(3)**

**NOTICE OF DISCHARGE OF PERSON UNDER GUARDIANSHIP**

.....  
(Name of Declared Mental Health Facility)

.....  
(Address of Declared Mental Health Facility)

To .....  
(Full name of guardian)

Address: .....

.....

.....

.....

Notice is hereby given that .....  
(Full name of patient)

a Voluntary Patient at .....  
(Name of Declared Mental Health Facility)

will be discharged from this facility on ...../...../.....  
(Date)

Name: .....  
(Authorised Medical Officer)

Signature: .....

Date: ...../...../.....



SMR025175

Holes Punched as per AS2828.1: 2012  
BINDING MARGIN - NO WRITING

**NOTICE TO GUARDIAN OF DISCHARGE  
OF VOLUNTARY PATIENT**