

CHIEF PSYCHIATRIST APPROVED FORM – CIVIL 13

INVOLUNTARY PATIENT TRANSFER BETWEEN APPROVED HOSPITALS

Mental Health Act 2013

Section 59

THCI (Patient ID): _____

Family Name: _____

Given Names: _____

Date of Birth: __ / __ / _____ Gender: M F TG / IT

Address: _____

Telephone: _____ Mobile: _____

(Tick as appropriate, format time as 00:00 (24 hour) and date as DD/MM/YYYY)

TRANSFER BETWEEN APPROVED HOSPITALS TRANSFER DIRECTION / RECORD OF EMERGENCY ORAL DIRECTION

CHIEF PSYCHIATRIST OR DELEGATE TO COMPLETE

Patient (full name in BLOCK letters):

Name of the approved facility where the patient is located: Millbrook Rise (South) Roy Fagan (South)

Royal Hobart Hospital (South) Launceston General Hospital (North) North West Regional Hospital (Burnie)

Chief Psychiatrist/delegate (full name in BLOCK letters):

I direct that the patient named above be transferred from the approved hospital named above, to the following approved hospital: Millbrook Rise (South) Roy Fagan (South)
 Royal Hobart Hospital (South) Launceston General Hospital (North) North West Regional Hospital (Burnie)

I am satisfied that that the transfer is necessary for the following reasons: (tick appropriate box below)

The patient's health or safety, **OR**

The safety of others, **OR**

For another prescribed reason.

Reasons for the transfer:

Date and time of the direction: Date: DD / MM / YYYY Time: 00 : 00

Signature:

COPY TO: Patient TASCAT The patient's treating medical practitioner Legal Orders Coordinator
 Controlling authority of the sending approved hospital
 Controlling authority of the receiving approved hospital
 If patient has given consent – copy to patient's support person/representative
 If patient is a child - copy to parent/support person/representative

OTHER: Statement of Rights provided to patient
 Explanation to patient in a language and form that the patient can understand

CHIEF PSYCHIATRIST APPROVED FORM – CIVIL 13

INVOLUNTARY PATIENT TRANSFER BETWEEN APPROVED HOSPITALS

Mental Health Act 2013

Section 59

THCI (Patient ID): _____

Family Name: _____

Given Names: _____

Date of Birth: __ / __ / _____ Gender: M F TG / IT

Address: _____

Telephone: _____ Mobile: _____

TRANSFER BETWEEN APPROVED HOSPITALS - INSTRUCTIONAL INFORMATION

TRANSFER DIRECTION / RECORD OF EMERGENCY ORAL DIRECTION

The Chief Psychiatrist (CP) (or delegate) may direct that an involuntary patient be transferred from one approved hospital to another if satisfied that the transfer is necessary for the patient's health or safety, the safety of other persons or for other reasons. In all cases, an explanation must be provided.

Except in an emergency, the direction is to be in a CP approved form.

In an emergency, the transfer direction may be given orally or in writing. However, if a transfer direction is given orally, it must be confirmed in writing in a CP approved form as soon as practicable after it is given.

The transfer direction is authority for a Mental Health Officer to take the patient under escort (custody and escort provisions apply), remove the patient from the transferring hospital and take the patient to the other hospital.

Once the patient named in the transfer direction has been transferred, an order for the involuntary admission and, if necessary, detention of the patient in the transferring hospital has effect in the other hospital.

CONTACT DETAILS:

Chief Psychiatrist:

Phone: (03) 6166 0778 Email: chief.psychiatrist@health.tas.gov.au

TASCAT – Protective Stream:

Phone: (03) 6165 7491 Email: applications.mentalhealth@tascat.tas.gov.au

