

CHIEF PSYCHIATRIST APPROVED FORM – CIVIL 24

PATIENT ESCORT

Mental Health Act 2013

Sections 27, 42 and Schedule 2

THCI (Patient ID): _____
 Family Name: _____
 Given Names: _____
 Date of Birth: __ / __ / ____ Gender: M F TG / IT
 Address: _____
 Telephone: _____ Mobile: _____

AFFIX STICKER HERE

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

PART A: AUTHORITY TO ESCORT

Patient (full name in BLOCK letters):

MEDICAL PRACTITIONER TO COMPLETE

Medical Practitioner (full name in BLOCK letters):

I request that the patient named above be:

Taken under escort to the following assessment setting to ensure that the patient presents for assessment under the attached *Assessment Order* to which they are subject:

Details:

OR

Taken under escort to the following treatment setting to ensure that the patient presents for treatment under the attached *Treatment Order* they are subject:

Details:

OR

Taken under escort and involuntarily admitted to, and if necessary, detained in, the following approved facility:

- Millbrook Rise (South) Roy Fagan (South) Royal Hobart Hospital (South)
 Launceston General Hospital (North) North West Regional Hospital (Burnie)

Details/conditions of escort (whether assistance is needed):

If the patient named above is a child:

I confirm that I am satisfied that the above named approved hospital has facilities and staff for the treatment and care of the patient and is, in the circumstances, the most appropriate place available to accommodate the patient.

ESCORT AUTHORISATION

Is the approved medical practitioner completing this form?

Yes – approved medical practitioner to sign here: _____

No – two members of nursing/medical staff to complete below:

We confirm that the medical practitioner named on this form has authorised escort of the patient names on this form, subject to the conditions noted above

1. Dr/Nurse (full name in BLOCK letters):

ID Card/Payroll/Registration number: _____ **Date:** DD / MM / YYYY

Signature: _____ **Time:** 00 : 00

2. Dr/Nurse (full name in BLOCK letters):

ID Card/Payroll/Registration number: _____ **Date:** DD / MM / YYYY

Signature: _____ **Time:** 00 : 00

COPY TO: Police Mental Health Officer TASCAS Other Escort Legal Orders Coordinator



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PART B: PATIENT DESCRIPTION

MEMBER OF TREATING TEAM TO COMPLETE

Patient (full name in BLOCK letters): _____

Patient's description (gender, hair and eye colour, approximate height, attire when last seen): _____

Last known location (if known): _____

Any other relevant information: _____

PART C - RECORD OF ESCORT - CUSTODIAN/ESCORT AND MEMBER OF TREATING TEAM TO COMPLETE

Date and time of **REQUEST** to take patient under escort: **Date:** DD / MM / YYYY **Time:** 00 : 00

ENTRY TO CUSTODY / COMMENCEMENT OF ESCORT

MHO/Police Officer taking the patient into custody (print name) :

Mental Health Officer (MHO) **OR** Police Officer **AND** ID Card/Payroll **OR** Badge Number:

Details of any medication, physical aid, prescription, or other items taken possession of and safeguarded in taking the patient into custody: _____

Date and time **TAKEN INTO** custody: **Date:** DD / MM / YYYY **Time:** 00 : 00

Custodian signature: _____

HANDOVER OF CUSTODY (COMPLETE ONLY IF CUSTODY HAS BEEN HANDED OVER)

MHO/Police Officer ACCEPTING handover of custody (print name) :

Mental Health Officer (MHO) **OR** Police Officer **AND** ID Card/Payroll **OR** Badge Number:

Signature of custodian **ACCEPTING** custody: _____

ADMISSION TO APPROVED FACILITY (COMPLETE ONLY IF PATIENT IS ADMITTED)

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

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

Date and time of patient's **ADMISSION:** **Date:** DD / MM / YYYY **Time:** 00 : 00

RELEASE FROM CUSTODY/CESSATION OR ESCORT (COMPLETE ONLY IF PATIENT IS RELEASED FROM CUSTODY/ ESCORT CEASES OTHER THAN THROUGH ADMISSION)

Date and time of patient's **RELEASE** from custody: **Date:** DD / MM / YYYY **Time:** 00 : 00

COPY TO: Police Mental Health Officer TASCAS Other Escort Legal Orders Coordinator



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PART A AND B – AUTHORITY TO ESCORT – INSTRUCTIONAL INFORMATION

A patient's treating medical practitioner may seek to have a patient taken under escort and involuntarily admitted to an approved hospital in a range of circumstances under the Act.

An Assessment Order is authority for any Mental Health Officer or police officer to take the patient under escort to ensure that he or she presents for assessment under the Order (section 27(2)(a)).

An Assessment Order is also authority, if authorised by the terms of the Order; for the patient to be admitted to an approved facility and, if necessary, detained in an approved facility for and in connection with the patient's assessment under the Order (section 27(2)(b))

A Treatment Order is authority for any Mental Health Officer or police officer to take the patient under escort to ensure that he or she presents for treatment under the Order (section 42(4)).

A Treatment Order is also authority for a patient to be admitted to, and if necessary, detained in an approved facility, or type of approved facility for the purposes of receiving treatment, if this is specified in the terms of the Order (section 42(2)(a)).

PART B – RECORD OF ESCORT – INSTRUCTIONAL INFORMATION

If a patient is taken under escort in accordance with section 27 or 42, the custody and escort provisions apply.

In taking a person into custody, a Mental Health Officer or Police Officer may take possession of and safeguard any medication, physical aid or other thing that the custodian or escort reasonably believes is or may be necessary to the patient's health, safety or welfare, or which may be relevant to the patient's examination, assessment, treatment or care.

A custodian may, as circumstances require, transfer physical control of a person in custody to another Mental Health Officer or Police Officer.

Custody is not taken to have been interrupted or terminated because physical control of the person has been handed over from one Mental Health Officer or Police Officer to another such officer.

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
Tasmania Police	Phone: 131 444	Email: rds@police.tas.gov.au

