

# CHIEF PSYCHIATRIST APPROVED FORM – FORENSIC 17

## TRANSFER TO HOSPITAL - FORENSIC PATIENT

Mental Health Act 2013

Section 73

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: FORENSIC PATIENT TRANSFER DIRECTION

#### CHIEF PSYCHIATRIST (CP) OR DELEGATE TO COMPLETE

**Patient** (full name in BLOCK letters):

**Chief Psychiatrist or delegate** (full name in BLOCK letters):

I **direct** that the patient named above be removed from the secure mental health unit in which they are being detained and transferred to the following secure institution, approved hospital, health service or premises where a health service is provided:

**Date and time of transfer:**      **Date:** DD / MM / YYYY      **Time:** 00 : 00

**Details/conditions of escort:**

**Restraint required** (complete CP form F10-restraint)       **Police or ambulance assistance required**

I **hereby request** that the patient be taken under escort, removed from the secure mental health unit and taken to the secure institution, approved hospital, health service or premises named above.

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

**Is the Chief Psychiatrist/delegate completing this form?**

**Yes – Chief Psychiatrist/delegate to sign here:** \_\_\_\_\_  
 (Signature)

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

We confirm that the CP/delegate named above has directed the above named patient be removed from the secure unit and transferred to the above named secure institution, approved hospital, health service or premises as outlined in this transfer direction/record of oral emergency direction.

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

**Signature:** \_\_\_\_\_ **Date:** DD / MM / YYYY

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

**Signature:** \_\_\_\_\_ **Date:** DD / MM / YYYY

**COPY TO:**  Patient       Chief Psychiatrist       TASCAT       Legal Orders Coordinator

Patients treating medical practitioner

The controlling authority of the SMHU

The person in charge of the secure institution to where the patient is transferred

If there is consent - a copy to patient support person/representative

If patient is a child - a copy to parent/support person/representative

**OTHER:**  Statement of Rights provided to patient

Explanation to patient in language and form that patient can understand

## CHIEF PSYCHIATRIST APPROVED FORM – FORENSIC I7

### TRANSFER TO HOSPITAL - FORENSIC PATIENT

*Mental Health Act 2013*  
Section 73

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 B: RECORD OF ESCORT

#### ESCORT AND MEMBER OF TREATING TEAM TO COMPLETE

**Patient** (full name in BLOCK letters):

#### DETAILS OF ESCORT

**Name of Authorised Person** (full name in BLOCK letters):

**Status of authorised person:**     **MHO**             **Police Officer, badge number:**

Details of any medication, physical aid, prescription, or other item/s taken possession of and safeguarded:

**Date and time of patient's exit from the SMHU::**      Date: DD / MM / YYYY    Time: 00 : 00

**Date and time of patient's return to the SMHU::**      Date: DD / MM / YYYY    Time: 00 : 00

**MHO/Police Officer's signature:**

**COPY TO:**     Patient             Chief Psychiatrist             TASCAT             Legal Orders Coordinator

Patients treating medical practitioner

The controlling authority of the SMHU

The person in charge of the secure institution to where the patient is transferred

If there is consent - a copy to patient support person/representative

If patient is a child - a copy to parent/support person/representative

**OTHER:**

Statement of Rights provided to patient

Explanation to patient in language and form that patient can understand



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Section 73

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Family Name: \_\_\_\_\_

Given Names: \_\_\_\_\_

Date of Birth: \_\_ / \_\_ / \_\_\_\_\_ Gender:  M  F  TG / IT

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

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### PART A: FORENSIC PATIENT TRANSFER DIRECTION – INSTRUCTIONAL NOTES

The Chief Psychiatrist (CP) (or delegate) may direct that a forensic patient be removed from a secure mental health unit (SMHU) and transferred to a secure institution, an approved hospital, a health service within the meaning of the Health Complaints Act 1995 or premises where such a health service is provided. Except in an emergency, the transfer direction is to be in an approved form.

In an emergency, the transfer direction may be given orally or in writing and, in such a case, the CP may complete the transfer direction after the transfer takes place.

The CP may request that the patient be taken under escort. The transfer direction or, if applicable, emergency oral direction is authority for an authorised person or police officer to take the patient under escort, remove the patient from the SMHU and take the patient to the secure institution, approved hospital, health service or premises specified in the direction.

While the patient is being transferred, the escort has, as regards the patient, for all purposes connected with the transfer full authority to act in the name of the controlling authority of the SMHU and to discharge any responsibilities of any authorised person under the Act.

### PART B: RECORD OF ESCORT

The escort provisions set out in Schedule 2 of the Act apply to the patient's escort pursuant to a Form 17 request.

In taking a person under escort, an authorised person or Police Officer may take possession of and safeguard any medication, physical aid or other thing that the 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.

An authorised person or Police Officer may, as circumstances require, transfer physical control of a person under escort to another authorised person or Police Officer. Escort is not taken to have been interrupted or terminated because physical control of the person has been handed over from one authorised person or Police Officer to another such officer.

### CONTACT DETAILS:

**Chief Psychiatrist:**

Phone: (03) 6166 0778

Email: [chief.psychiatrist@health.tas.gov.au](mailto:chief.psychiatrist@health.tas.gov.au)

**TASCAT – Protective Stream:**

Phone: (03) 6165 7491

Email: [applications.mentalhealth@tascat.tas.gov.au](mailto:applications.mentalhealth@tascat.tas.gov.au)