

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: _____

AFFIX STICKER HERE

(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)

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.

Reasons for the transfer:

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

Signature: _____ **Date of direction:** DD / MM / YYYY **Time of direction:** 00 : 00

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

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



