

# CHIEF FORENSIC PSYCHIATRIST APPROVED FORM 19



Rights, Respect, Recovery

## INVOLUNTARY PATIENT TRANSFER TO SMHU

Mental Health Act 2013  
Sections 63 - 65

THCI: (Patient Id): \_\_\_\_\_

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

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M  F  TG/IT

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

Phone: \_\_\_\_\_ Mob: \_\_\_\_\_

**AFFIX STICKER HERE**



### PART A: REQUEST FOR ADMISSION

#### CHIEF CIVIL PSYCHIATRIST / DELEGATE TO COMPLETE

*An involuntary patient who is not a prisoner or youth detainee may be admitted to a secure mental health unit if the admission is authorised by the Chief Forensic Psychiatrist (CFP) (or delegate).*

*Authorisation may only be given if the patient is being detained in an approved hospital, and the Chief Civil Psychiatrist (CCP) (or delegate) has formally requested the CFP (or delegate) to give the authorisation.*

**Patient's name:** \_\_\_\_\_

**Approved facility in which the patient is being detained:**

NWRH (Burnie)  LGH  RHH  Roy Fagan Centre  Millbrook Rise Centre

**Secure mental health unit to which the patient's admission is sought:**

\_\_\_\_\_  Copy of Treatment/Assessment Order attached

**Chief Civil Psychiatrist or delegate's name:** \_\_\_\_\_

Brief history of presentation and treatment that has been given:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Brief explanation of patient's danger to self or others including details of any assaults associated with this presentation and any threats of violence:

\_\_\_\_\_  
\_\_\_\_\_

**Tenability of detention:**

Brief rationale for why the patient's continued detention in the approved hospital named above is considered to be untenable and why the secure mental health unit named above is considered to be the only appropriate place where the patient can be safely detained:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I **hereby confirm** that I have made inquiries with the secure mental health unit named above about the patient's admission and **am satisfied** based on those inquiries of the unit's ability to provide the person with appropriate treatment and care. I hereby **request** the admission of the patient named above to the secure mental health unit named above.

**Date and time of request:** Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_:\_\_\_\_\_(24 hr)

**Signature:** \_\_\_\_\_

**COPY TO:**  CCP (if request is made by a delegate)  CFP (or delegate)  LOC

**CONTACT DETAILS:** CCP/CFP Phone: (03) 6166 0781 Fax No: (03) 6230 7739 Email: [chief.psychiatrist@dhhs.tas.gov.au](mailto:chief.psychiatrist@dhhs.tas.gov.au)

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### PART B: AUTHORISATION OF ADMISSION

#### CHIEF FORENSIC PSYCHIATRIST / DELEGATE TO COMPLETE

An involuntary patient who is not a prisoner or youth detainee may be admitted to a secure mental health unit if the admission is authorised by the Chief Forensic Psychiatrist (CFP) (or delegate).

Authorisation may only be given if the CFP (or delegate) is satisfied that:

- The patient is being detained in an approved hospital, and
- The Chief Civil Psychiatrist (CCP) (or delegate) has formally requested the CFP (or delegate) to give the authorisation, and
- The CFP (or delegate) is satisfied that:
  - The patient is, by reason of mental illness, a danger to himself or herself or to others, and
  - The danger is or has become so serious as to make the patient's continued detention in the approved hospital referred to above untenable, and
  - In the circumstances, a secure mental health unit is the only appropriate place where the patient can be safely detained, and
  - The secure mental health unit has the resources to give the person appropriate treatment and care.

If the patient is a child, the CFP (or delegate) must further be satisfied that the patient can be detained separately to adults, and the probable benefits of accommodating the patient in a secure mental health unit outweigh the probable risks.

**Patient's name:** \_\_\_\_\_

**Approved facility in which the patient is being detained:**

NWRH (Burnie)  LGH  RHH  Roy Fagan Centre  Millbrook Rise Centre

**Secure mental health unit to which the patient's admission is sought:** \_\_\_\_\_

**CFP or delegate's name:** \_\_\_\_\_

I **confirm** that I am in receipt of a formal request from the Chief Civil Psychiatrist (or delegate) to authorise the admission of the patient named above to the secure mental health unit named above. I **am satisfied** based on the information provided that:

The patient named above is, by reason of mental illness, a danger to himself or herself or to others **AND**

The danger is or has become so serious as to make the patient's continued detention in the approved hospital referred to above untenable **AND**

In the circumstances, a secure mental health unit is the only appropriate place where the patient can be safely detained **AND**

The secure mental health unit referred to above has the resources to give the patient named above appropriate treatment and care. If the patient named above is a child, I am further satisfied that the patient can be detained separately from adults, and that the probable benefits of accommodating the patient in a secure mental health unit outweigh the probable risks.

I **authorise** the admission of the patient named above to the secure mental health unit named above for the following reasons:

\_\_\_\_\_

and for the following period: From: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I **confirm** that I have consulted with the Chief Civil Psychiatrist or delegate in determining this period of admission.

**Date and time of authorisation:** Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time: \_\_\_\_\_:\_\_\_\_\_ (24 hr)

**Signature:** \_\_\_\_\_

**COPY TO:**  Patient  CCP (or delegate)  CFP (if admission authorised by a delegate)  Tribunal  Controlling authorities  LOC  If patient is a child or if there is consent - patient's parent/support person/representative **OTHER:**  Statement of rights  Explanation to patient in language and form that patient can understand

**CONTACT DETAILS:** MHT: Phone: (03) 6165 7491 Email: [mht.applications@justice.tas.gov.au](mailto:mht.applications@justice.tas.gov.au)  
CCP/CFP: Phone: (03) 6166 0781 Fax No: (03) 6230 7739 Email: [chief.psychiatrist@dhhs.tas.gov.au](mailto:chief.psychiatrist@dhhs.tas.gov.au)

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### PART C: EXTENSION OF PERIOD OF DETENTION

#### CHIEF FORENSIC PSYCHIATRIST / DELEGATE TO COMPLETE EACH TIME THAT THE PERIOD OF DETENTION IS EXTENDED

*The Chief Forensic Psychiatrist (CFP) (or delegate) may extend the period for which the patient may be detained in a secure mental health unit and, to avoid doubt, may do so more than once.*

*Before determining or extending the period of detention, the CFP (or delegate) is to consult with the Chief Civil Psychiatrist (CCP) (or delegate).*

**Patient's name:** \_\_\_\_\_

**Secure mental health unit in which the patient is detained:** \_\_\_\_\_

**Date and time that the decision to admit the patient to the secure mental health unit was made:**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ (24 hr)

**Chief Forensic Psychiatrist or delegate's name:** \_\_\_\_\_

I **hereby extend** the period for which the involuntary patient named above may be detained in the secure mental health unit named above for an additional period of

\_\_\_\_ Hours and \_\_\_\_ Minutes.

Unless the period is further extended or the patient transferred to an approved hospital, the period of detention is to cease on:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ (24 hr)

Reason(s) for the extension:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I **confirm** that I have consulted with the Chief Civil Psychiatrist or delegate in extending this period of detention.

**Date and time period extended:** Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ (24 hr)

**Signature:** \_\_\_\_\_

**COPY TO:**  Patient  CCP (or delegate)  CFP (if extension authorised by a delegate)  Tribunal  Controlling authorities  LOC  If patient is a child or if there is consent - patient's parent/support person/representative **OTHER:**  Statement of rights  Explanation to patient in language and form that patient can understand

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### PART D: REQUEST FOR TRANSFER TO APPROVED HOSPITAL TRANSFER REQUEST

**CHIEF FORENSIC PSYCHIATRIST or DELEGATE / CHIEF CIVIL PSYCHIATRIST or delegate TO COMPLETE**

*If at any time, the Chief Forensic Psychiatrist (CFP) or delegate is satisfied that the patient no longer meets the requirements of admission, the CFP or delegate is to request the Chief Civil Psychiatrist (CCP) or delegate to arrange for the patient to be transferred to an approved hospital*

*The transfer request is to be in a CFP form.*

*The CCP or delegate is to accede to the request.*

**To effect the patient's transfer, an authorised person may take the patient under escort, remove the patient from the secure mental health unit and take the patient to an approved hospital.**

**Patient's name:** \_\_\_\_\_

**Secure mental health unit in which the patient is detained:**  
\_\_\_\_\_

**Approved facility to which the patient is to be transferred:**  
 NWRH (Burnie)  LGH  RHH  Roy Fagan Centre  Millbrook Rise Centre

**Chief Forensic Psychiatrist or delegate's name:**  
\_\_\_\_\_

I **am satisfied** that the patient named above no longer meets the requirements of admission to the secure mental health unit named above and **hereby request** that arrangements be made for the patient named above to be transferred to the approved hospital named above.

**Date and time transfer request made:** Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Time: \_\_\_\_:\_\_\_\_ (24 hr)

**Signature:** \_\_\_\_\_

I, \_\_\_\_\_ (name of the Chief Civil Psychiatrist (CCP) or delegate) **acknowledge** the CFP's request to remove the patient named above from the secure mental health unit and return him/her to the approved hospital referred to above and **hereby request** that the patient be taken under escort, removed from the secure mental health unit and taken to the approved hospital named above.

**Date and time CFP's request acknowledged and escort requested:**

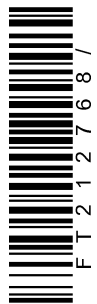
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ (24 hr)

**Signature:** \_\_\_\_\_

**COPY TO:**  CCP (or delegate)  CFP (if admission authorised by a delegate)  Tribunal  LOC

**CONTACT DETAILS:** MHT: Phone: (03) 6165 7491 Email: [mht.applications@justice.tas.gov.au](mailto:mht.applications@justice.tas.gov.au)

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### PART E: RECORD OF ESCORT

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

*The custody and escort provisions apply to the patient's escort pursuant to a Form 19 request.*

*In taking a person under escort, an authorised person 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 escort may, as circumstances require, transfer physical control of a person under escort to another authorised person.*

*Custody is not taken to have been interrupted or terminated because physical control of the person has been handed over from one authorised person to another authorised person.*

*The Chief Civil Psychiatrist (CCP) (or delegate) is to notify the Chief Forensic Psychiatrist or delegate when the patient has been transferred.*

**Patient's name:** \_\_\_\_\_

**Date and time of request to take patient under escort:** Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time: \_\_\_\_:\_\_\_\_ (24 hr)

#### COMMENCEMENT OF ESCORT

**Name of authorised person taking patient under custody:**

Details of any medication, physical aid, prescription or other things taken possession of and safeguarded:

**Date and time person taken under escort:** Date: / / Time: \_\_\_\_:\_\_\_\_ (24 hr)

**Escort's signature:** \_\_\_\_\_

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

**Name of authorised person accepting handover:**

Details of medication, physical aids, prescriptions or other things handed over OR reasons for such items not being handed over/alternative action taken:

**Date and time custody handed over:** Date: / / Time: \_\_\_\_:\_\_\_\_ (24 hr)

**Signature of escort accepting custody:** \_\_\_\_\_

#### ADMISSION TO APPROVED HOSPITAL

**Date and time of patient's admission:** Date: / / Time: \_\_\_\_:\_\_\_\_ (24 hr)

**COPY TO:**  CFP  LOC

**CONTACT DETAILS: CFP:** Phone: (03) 6166 0781 Fax No: (03) 6230 7739 Email: [chief.psychiatrist@dhhs.tas.gov.au](mailto:chief.psychiatrist@dhhs.tas.gov.au)



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