Mental Health Review Tribunal

Protecting the civil and human rights of people with a mental health or cognitive condition, while promoting individual and community safety

# In-person Notice & Risk Assessment

T. 1800 815 511 mhrt.nsw.gov.au

Consumer attendance at 580 George Street Sydney - Please email form to MHRT-MHRT@health.nsw.gov.au

## Consumer Details:

| | |
|---|---|
| **Full Name:** | **DOB:** |
| Other names/aliases *(if applicable)* : | |
| Central Names Index No. *(if applicable)*: | Phone: |
| **Matter:** | **Hearing Date:** |

## Applicant Details:

| | |
|---|---|
| Name: | Relationship: |
| Phone: | Email: |

## Who will be accompanying the consumer to the hearing?

| Full Name | Relationship | Contact Phone |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

## Does the consumer have any history of aggression?

☐ Yes ☐ No

*Please provide description of behaviours.*

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**If the consumer is unhappy with their outcome, is there potential for challenging behaviour?** ☐ **Yes** ☐ **No**

*Please describe anticipated response.*

**Are there potential issues from other attendees? E.g. family members** ☐ **Yes** ☐ **No**

*Please identify the attendee(s) and possible issue.*

**Is security arranged when the consumer attends the facility for treatment or review?** ☐ **Yes** ☐ **No**

*Please describe the arrangements.*

**Would you recommend that security be engaged for this hearing?** ☐ **Yes** ☐ **No**

| MHRT Office Use Only | | |
|---|---|---|
| **MHRT Ref:** | **Hearing Room:** | **Hearing Time:** |
| ☐ Registrar Notified | ☐ Sheriff's Intelligence Unit Notified | |
| ☐ Panel Notified | ☐ On-site Sheriff's Office Notified | |
| Other Actions Required: | | |