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S 196(2)(l) Mental Health Act 2007

MENTAL HEALTH REVIEW TRIBUNAL

WEEKLY REPORTING

Facility: _____

Submitted by: _____

Contact Email: _____ Contact Telephone: _____

MRN	Date of Birth	Country of Birth	Sex (F/M)	Interpreter (Y/N – Language)	Date detained or made involuntary	Referral Method	Admitted Y/N	Category if admitted

Referral Method

A	s19 Doctor's Certificate
B	s22 Police Apprehension
C	s20 Ambulance Officer
D	s58 CTO Breach
E	s26 Carer/friend/relative
F	s24 via s18 MHCIFPA
G	s23 via s19 MHA
H	Reclassified - voluntary to involuntary
I	s25 Transfer from other facility

Category if admitted

A	Voluntary
B	Involuntary Mentally Ill
C	Involuntary Mentally Disordered

This form should be completed weekly and emailed to MHRT-Admin@health.nsw.gov.au