NOTICE OF EMERGENCY SURGERY





Pursuant to section 99(4) of the Mental Health Act 2007, the Tribunal is notified of details of the performance of the following surgical operation: Mental Health Facility where patient or person is detained or resident: Patient's Given Name(s): Patient's Surname: Medical Record No: Date of Birth: Sex: Marital Status: Marital Status: Country of Birth: Status in terms of *Mental Health Act, 2007* (please tick box) Forensic Patient suffering from a mental illness Forensic Patient not suffering from a mental illness Correctional Patient suffering from a mental illness Correctional Patient not suffering from a mental illness Nature of surgery: Reason why emergency: Date surgery performed: Mental Health Facility or place where surgery performed: Assessment of outcome of surgery: Circle Yes/No as applicable and attach supporting documentation. Was written consent given by the prescribed person (section 99(3))? Yes / No Please Did the prescribed person provide an opinion on the patient's ability to give informed consent? Yes / No Attach Did the prescribed person provide an opinion that the surgery was Supporting necessary to save the patient's life or prevent serious damage to patient's health or to prevent significant pain or distress? Yes / No documents Was the primary carer notified by the Authorised Medical Officer? Yes / No (attach copy of notification) Signed: Date:

(Authorised Medical Officer)