## **REGULATION FORM 9**

MENTAL HEALTH ACT 2007 - SECTION 196(2)(l)

## INVOLUNTARY PSYCHIATRIC REFERRALS

(Weekly advice to Mental Health Review Tribunal)

HOSPITAL:	
PREPARED BY (please print):	-
CONTACT NO:	

Should you have any questions about completing this return contact the Registrar of the Tribunal on 9816-5955

## INSTRUCTIONS - When to fill out the form:

- upon refusal to admit a person taken to hospital by any of the means referred to in the METHOD OF REFERRAL column;
- upon admission (whether as a voluntary or involuntary patient) of a person taken to or detained in a mental health facility against his/her will;
- reclassification by mental health facility of a voluntary patient to involuntary patient status.

N١	nere	tο	send	the	form:

The Registrar

Mental Health Review Tribunal PO Box 247,GLADESVILLE NSW 1675 MHRT-MHRT@health.nsw.gov.au

Fax: 9816 5184

When must the form be sent to the Tribunal:

Weekly

					T ax. 3010 010-			
MRN	DOB	Sex M/F	Country of Birth (please print) Note: "Unknown" or a blank entry is unacceptable	Interpreter required? Y/N. If "Y" which language? (please print)	Date person taken to hospital OR date patient reclassified to involuntary	METHOD OF REFERRAL (please print one letter) A s19 Doctor's Cert. B s22 Police C s20 Ambulance Officer D s58 Breach CTO E s26 the principal care provider / a designated carer/Relative/Friend F s24 s33 MHCPA order S23 via s19 Authorised Drs Certificate H Reclass. from voluntary to involuntary	After examination was the person admitted? Y/N	On admission (OR reclassification to Involuntary) was patient classified? A Voluntary B Involuntary - mentally ill C Involuntary - mentally disordered