

Protective Division – Mental Health Stream

Mental Health Act 2013

|  |  |
| --- | --- |
| Application for ReviewInvoluntary or Forensic Patient Transfer within Tasmania | S 190 |

|  |  |
| --- | --- |
| **1** | **The patient** |
| Name |  |
| Address |  |
|  |  |
| Contact phone |  |
| Email |  |
| Date of birth |  |
|  |  |
| **2** | **The applicant (if not the patient)** |
| Name |  |
| Address |  |
|  |  |
| Contact phone |  |
| Email |  |
| Relationship to patient |  |
|  |  |
| **3** | **Representative/support person(s)** |
| Name |  |
| Address |  |
|  |  |
| Contact phone |  |
| Email |  |
| Relationship to patient |  |

|  |  |
| --- | --- |
| **4** | **Grounds for review** |
| Details of the patient transfer including:  |  |
| * the date of the transfer
 |  |
| * the locations between which the transfer will take place or is proposed to take place
 |  |
|  |  |

|  |
| --- |
| Please provide details of the reasons for the review: |
|  |
|  |
|  |
|  |
|  |

|  |  |
| --- | --- |
| Signed by the patient/applicant |  |
| Print name of patient/applicant |  |
| Dated |  |

All correspondence to the Tribunal should be emailed to: applications.mentalhealth@tascat.tas.gov.au

Or addressed to:

Deputy Registrar

Protective Division – Mental Health Stream

TASCAT

GPO Box 1311

HOBART TAS 7001

Phone: 1800 657 500