

Protective Division – Mental Health Stream

Mental Health Act 2013

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| Discharge of patient from an approved facility under the Mental Health Act 2013 |  |  |

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| --- | --- |
| Discharge concerning |  |
|  | (Patient Name) |
|  |  |
| Discharge time and date |  |
|  | (Date) (Time) |
| Approved facility where patient admitted |  |
|  |  |
| Was the patient discharged by an approved medical practitioner/medical practitioner? |  [ ]  Yes [ ]  No |
|  |  |
| Is the patient AWOL? |  [ ]  Yes [ ]  No |
| (If yes – send AWOL documentation to the Tribunal) |
|  |  |
| Address of patient after discharge |  |
|  |  |
|  |  |
| Name of Community Treatment Centre |  |
| Name of Treating Psychiatrist |  |
| Name of Case Manager |  |
| Address |  |
| Telephone Number |  |

|  |  |  |
| --- | --- | --- |
| Signed by the discharging practitioner |  | Date |
| Please print name |  |

If the patient has been treated with ECT, will the ECT treatment continue following discharge from the approved facility? [ ] Yes [ ] No

If yes, will this be maintenance ECT? [ ] Yes [ ] No

This notification should be sent via email to: applications.mentalhealth@tascat.tas.gov.au