

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](mailto:applications.mentalhealth@tascat.tas.gov.au)