|  |  |
| --- | --- |
| Notification to TASCAT of discharge of patient from a secure mental health unit |  |



|  |  |
| --- | --- |
| Patient name: |  |
|  | (Patient Name) (DOB) |
|  |  |
| Discharge time and date |  |
|  | (Date) (Time) |
|  |  |
| Admitted to Wilfred Lopes Centre pursuant to |  |
| *(Act and section)* |  |
|  |  |
| Treatment / Authorisation Order  Address of patient after discharge | Yes/No (*detail*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
|  |  |
|  |  |
| Reason for Discharge |  |
| If applicable:  Name of Community Treatment Centre |  |
| Name of Treating Psychiatrist |  |
| Name of Case Manager |  |
| Address |  |
| Telephone Number |  |

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

All correspondence to the Tribunal should be emailed to: [applications.mentalhealth@tascat.tas.gov.au](mailto:applications.mentalhealth@tascat.tas.gov.au)