

CHIEF CIVIL PSYCHIATRIST APPROVED FORM 24



Rights, Respect, Recovery

PATIENT ESCORT

Mental Health Act 2013
Sections 27 and 42 and Schedule 2

TCHI (Patient ID): _____
 Family Name: _____
 Given Names: _____
 Date of Birth: ___ / ___ / ___ Gender: M F TG / IT
 Address: _____
 Telephone: _____ Mobile: _____

AFFIX STICKER HERE

PART A: AUTHORITY TO ESCORT

MEDICAL PRACTITIONER TO COMPLETE

A patient's treating medical practitioner may seek to have a patient taken under escort and involuntarily admitted to an approved hospital in a range of circumstances under the Act.

An Assessment Order is authority for any Mental Health Officer or police officer to take the patient under escort to ensure that he or she presents for assessment under the Order (section 27(2)(a)).

An Assessment Order is also authority, if authorised by the terms of the Order, for the patient to be admitted to an approved facility and, if necessary, detained in an approved facility for and in connection with the patient's assessment under the Order ((section 27(2)(b)).

A Treatment Order is authority for any Mental Health Officer or police officer to take the patient under escort to ensure that he or she presents for treatment under the Order (section 42(4)).

A Treatment Order is also authority for a patient to be admitted to, and if necessary, detained in an approved facility, or type of approved facility for the purposes of receiving treatment, if this is specified in the terms of the Order (section 42(2)(a)).

Patient's name: _____

Medical practitioner's name: _____

I hereby request that the patient named above be:

Taken under escort to the following assessment setting to ensure that the patient presents for assessment under the attached Assessment Order to which he or she is subject:

_____ OR

Taken under escort to the following treatment setting to ensure that the patient presents for treatment under the attached Treatment Order to which he or she is subject:

_____ OR

Taken under escort and involuntarily admitted to, and if necessary detained in, the following approved facility:

NWRH (Burnie) LGH RHH Roy Fagan Centre Millbrook Rise Centre

Details/conditions of escort (time and date of escort, whether assistance is recommended):

If the patient named above is a child;

I confirm that I am satisfied that the above named approved hospital has facilities and staff for the treatment and care of the patient and is, in the circumstances, the most appropriate place available to accommodate the patient.

Is the medical practitioner approving the escort completing this form?

Yes – medical practitioner to sign here: _____

No – members of nursing/medical staff to complete:

We confirm that the Medical Practitioner named above has authorised escort for the patient named above subject to the conditions noted above:

Dr/Nurse Name/Payroll/ID Number 1: _____ Signature: _____

Dr/Nurse Name/Payroll/ID Number 1: _____ Signature: _____

Date: ___ / ___ / ___ Time: _____:_____ (24 hr)

COPY TO: Police/MHO/other escort CCP LOC

CONTACT DETAILS: CCP: Phone: (03) 6166 0781 Email: chief.psychiatrist@dhhs.tas.gov.au

Commissioner of Police (or delegate): Phone: (03) 6230 2434 Email: rds@police.tas.gov.au



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PART B: PATIENT DESCRIPTION

MEMBER OF TREATING TEAM TO COMPLETE

Patient's name: _____

Patient's description (gender, hair and eye colour, approximate height, attire when last seen):

Last known whereabouts:

Any other relevant information:

COPY TO: Police MHO Other escort

CONTACT: Police: Phone: (03) 6230 2424 rds@police.tas.gov.au **CCP:** Phone: (03) 6166 0781 chief.psychiatrist@dhhs.tas.gov.au



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PART C: RECORD OF ESCORT

CUSTODIAN/ESCORT AND MEMBER OF TREATING TEAM TO COMPLETE

If a patient is taken under escort in accordance with section 27 or 42, the custody and escort provisions apply.

In taking a person into custody, a Mental Health Officer or Police Officer may take possession of and safeguard any medication, physical aid or other thing that the custodian or escort reasonably believes is or may be necessary to the patient's health, safety or welfare, or which may be relevant to the patient's examination, assessment, treatment or care.

A custodian may, as circumstances require, transfer physical control of a person in custody to another Mental Health Officer or Police Officer.

Custody is not taken to have been interrupted or terminated because physical control of the person has been handed over from one Mental Health Officer or Police Officer to another such officer.

Patient's name: _____

Date and time of request to take patient under escort:

Date: ____ / ____ / ____ Time: ____ : ____ (24 hr)

ENTRY TO CUSTODY / COMMENCEMENT OF ESCORT

Status and identity of MHO/Police Officer taking patient into custody (tick the appropriate box):

MHO. Name/ID Card/Payroll Number: _____

Police Officer. Name and Badge Number: _____

Details of any medication, physical aid, prescription or other things taken possession of and safeguarded in taking the patient into custody:

Date and time person taken into custody: Date: ____ / ____ / ____ Time: ____ : ____ (24 hr)

Custodian's signature: _____

HANDOVER OF CUSTODY (COMPLETE ONLY IF CUSTODY HAS BEEN HANDED OVER)

Status and identity of MHO/Police Officer accepting handover of custody (tick the appropriate box):

MHO. Name/ID Card/Payroll Number: _____

Police Officer. Name and Badge Number: _____

Details of medication, physical aids, prescriptions or other things handed over OR reasons for such items not being handed over/alternative action taken:

Date and time custody handed over: Date: ____ / ____ / ____ Time: ____ : ____ (24 hr)

Signature of custodian accepting custody: _____

ADMISSION TO APPROVED FACILITY (COMPLETE ONLY IF PATIENT IS ADMITTED)

Name of approved facility to which patient is admitted:

NWRH (Burnie) LGH RHH Roy Fagan Centre Millbrook Rise Centre

Date and time of patient's admission: Date: ____ / ____ / ____ Time: ____ : ____ (24 hr)

RELEASE FROM CUSTODY/CESSATION OF ESCORT (COMPLETE ONLY IF PATIENT IS RELEASED FROM CUSTODY/IF ESCORT CEASES OTHER THAN THROUGH ADMISSION)

Date and time of patient's release from custody: Date: ____ / ____ / ____ Time: ____ : ____ (24 hr)

COPY TO: CCP MHT LOC

CONTACT DETAILS: MHT: Phone: (03) 6165 7491 Email: mht.applications@justice.tas.gov.au
 (03) 6166 0781 Email: chief.psychiatrist@dhhs.tas.gov.au

CCP: Phone: _____

