

CHIEF CIVIL PSYCHIATRIST APPROVED FORM 12B



LEAVE CANCELLED (INVOLUNTARY)

Mental Health Act 2013
Sections 60 - 61

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

AFFIX STICKER HERE

PART A: LEAVE CANCELLED

NOTICE TO THE PATIENT

APPROVED MEDICAL PRACTITIONER TO COMPLETE

Any approved medical practitioner (AMP) may at any time, by notice to a patient, cancel the patient's leave.

A notice to cancel leave may be expressed to take immediate or deferred effect.

Patient's name: _____

Approved facility in which the patient is being detained:

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

Date leave granted: ___ / ___ / 20___

Leave Pass Attached

Name of AMP cancelling the leave: _____

I hereby cancel the above named patient's leave of absence with effect:

Immediately **OR** From: Date: / / Time: _____:_____ (24 hr)

Reasons for cancellation: _____

Date and time leave cancelled: Date: / / Time: _____:_____ (24 hr)

Is the AMP cancelling the leave completing this form?

Yes – AMP to sign here: _____

No – members of nursing/medical staff to complete:

We confirm that the AMP named above has cancelled leave of absence for the patient named above from the approved hospital referred to above, for the reasons noted above:

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

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

COPY TO: Patient MHO/other escort Controlling authority of the approved hospital Tribunal CCP LOC If the patient is a child or if there is consent – the patient's parent/support person/representative

CONTACT DETAILS: **MHT:** Phone: (03) 6165 7491 Email: mht.applications@justice.tas.gov.au
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