

# Written Notice of Relevant Patient’s Absence – Mental health Review Tribunal

*Mental Health Act* *2016* s730(1) – The administrator of the relevant person’s treating health service or the forensic disability service must give the Tribunal written notice of the relevant person’s absence. When the Tribunal receives the notice:

1. the Tribunal may adjourn the hearing of the scheduled review; and
2. the requirement for the Tribunal to conduct a scheduled review under chapter 12, parts 2, 3 or 5 stops applying.

**Note** The Administrator of the treating service or the forensic disability service must give the Tribunal written notice of the relevant patient’s return and the Tribunal must hear the scheduled review within 21 days of the written notification. (section 731).

## Patient details

|  |  |  |  |
| --- | --- | --- | --- |
| Given Name | Click here to enter text. | Family name | Click here to enter text. |
| Date of Birth | Click here to enter text. | CIMHA no | Click here to enter text. |

## Authorised Mental Health Service:

[AMHS Click here to enter text.]

## Involuntary order details:

|  |  |
| --- | --- |
| Date made Click here to enter text. |  |
| Treatment Authority | Community  Inpatient |
| Treatment Support Order | Community  Inpatient |
| Forensic Order | Community  Inpatient |

## Treating Team

|  |  |
| --- | --- |
| Authorised Psychiatrist | Click here to enter text. |
| Registrar /Medical officer | Click here to enter text. |
| Case Manager (name and professional stream) | Click here to enter text. |

## Details of absence and actions taken for patient’s return:

[Include date of absence and actions taken for patient’s return]

Click here to enter text.

## Details of illness and brief history:

[Include diagnosis, brief history of mental illness and description and circumstances of symptoms observed, treatment progress, history of willingness to undertake treatment, last contact with the patient and significant risks]

Click here to enter text.

## Approval:

|  |  |
| --- | --- |
| Treating team member (name and designation): | Click here to enter text. |
| Signature and Date: | Click here to enter text. |
| Administrator/Administrator Delegate: | Click here to enter text. |
| Signature and Date: | Click here to enter text. |