NSW GOVERNMENT | Health

Facility:

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____ / _____ / _____	M.O.
ADDRESS	
LOCATION	
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE	

REQUEST BY AMBULANCE OFFICER FOR ASSESSMENT OF MENTALLY ILL OR MENTALLY DISTURBED PERSON

SMR025205

NSW MINISTRY OF HEALTH
Mental Health Act 2007
Section 20

REQUEST BY MEMBER OF NSW AMBULANCE FOR THE ASSESSMENT OF A MENTALLY ILL OR MENTALLY DISTURBED PERSON AT A DECLARED MENTAL HEALTH FACILITY

I, the undersigned, ... , an Ambulance
(Name in full)

Officer authorised to exercise functions under the Mental Health Act, inform you, an authorised

medical officer of ..... , a declared

mental health facility, that it appears to me that .....
(Name in full, if available)

is mentally ill or mentally disturbed.

FURTHER BRIEF DESCRIPTION OF THE CIRCUMSTANCES LEADING TO THIS REQUEST FOR ASSESSMENT *(Include observations of behaviour, mannerisms, moods, words used, thought patterns used by person, information from other sources, details of suicidal intent or harm to others, weapons involved etc):*

.....

.....

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.....

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.....

The assistance of the NSW Police Force in bringing the person to this mental health facility in accordance with section 20(2) was sought because of concerns about the safety of the person or other persons if the person was brought without the assistance of a police officer –

☐ Yes ☐ No

Signature _____ Date _____ / _____ / _____

Ambulance Officer's station: _____

NSW Ambulance use only

PATIENT HEALTH CARE RECORD ☐☐☐☐☐☐☐☐☐☐ INCIDENT NUMBER ☐☐☐☐☐ EMPLOYEE ID ☐☐☐☐☐☐☐☐

Original – to the Health Care Record, Copy – to NSW Ambulance

Holes Punched as per AS2828.1: 2012
BINDING MARGIN - NO WRITING

NH606721A 160316

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SMR025.205