



FAMILY NAME

MRN

GIVEN NAME

MALE FEMALE

Facility:

D.O.B. ____/____/____

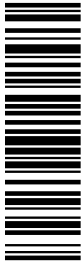
M.O.

ADDRESS

PERSONAL APPLICATION FOR VOLUNTARY ADMISSION TO A MENTAL HEALTH FACILITY

LOCATION

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE



SMR025200

**MENTAL HEALTH ACT 2007
Section 5(1)**

**PERSONAL APPLICATION FOR VOLUNTARY ADMISSION TO
A MENTAL HEALTH FACILITY**

I, request admission to
(Name in full)

....., for treatment as a Voluntary Patient.
(Name of Mental Health Facility)

Intending patient's signature:

Date: / /

VERIFICATION

The above application was made apparently freely and voluntarily, in my presence.

Print name _____ Designation _____

Signature _____ Date ____ / ____ / ____

or, in the case of a person who needs the assistance of an interpreter, -

I have interpreted the content of this form to the intending patient, who has signed above. The above application was made apparently freely and voluntarily, in my presence.

Interpreter: _____ Yes No

Print name _____ Designation _____

Signature _____ Date ____ / ____ / ____

Holes Punched as per AS2828.1: 2012

BINDING MARGIN - NO WRITING