



Health

SURNAME

MRN

OTHER NAMES

MALE  FEMALE

Facility:

D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

M.O.

ADDRESS

**DETENTION OF VOLUNTARY PATIENT FOR UP TO TWO (2) HOURS**

LOCATION

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

NSW MINISTRY OF HEALTH  
MENTAL HEALTH ACT 2007  
SECTION 10(3)

DETENTION OF VOLUNTARY PATIENT FOR UP TO TWO (2) HOURS

It is my opinion that .....  
(name of patient)

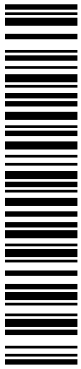
of ..... should be detained for up to two (2) hours, from  
(name of mental health facility)

..... : ....., ..... / ..... / .....  
(insert time detained) (insert date detained)

for the purpose of enabling an authorised medical officer to determine whether or not he/she is a mentally ill person or a mentally disordered person who requires detention in a declared mental health facility (section 10(1)).

Print name ..... Designation .....

Signature ..... Date ..... / ..... / .....



SMR025113

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

NH700094A 240915

DETENTION OF VOLUNTARY PATIENT  
FOR UP TO TWO (2) HOURS

SMR025.113