

CHIEF FORENSIC PSYCHIATRIST APPROVED FORM I2A



Rights, Respect, Recovery

FORENSIC PATIENT LEAVE APPLICATION (PATIENT NOT SUBJECT TO A RESTRICTION ORDER)

Mental Health Act 2013
Sections 81 - 84

THCI: (Patient Id): _____

Family Name: _____ Given Name: _____

DOB: ____/____/____ Gender: M F TG/IT

Address: _____

Phone: _____ Mob: _____

AFFIX STICKER HERE



APPLICATION FOR LEAVE – FORENSIC PATIENT NOT SUBJECT TO A RESTRICTION ORDER

TREATING MEDICAL PRACTITIONER / PATIENT / PERSON WITH GENUINE INTEREST IN THE PATIENT'S WELFARE TO COMPLETE

This form is to be used to apply for personal or clinical leave for forensic patients who are NOT subject to restriction orders.

Leave may be granted for personal or clinical reasons.

Clinical reasons include facilitating the patient's rehabilitation or reintegration into the community, furthering the patient's treatment and other reasons deemed appropriate by the approved medical practitioner deciding whether or not grant the patient leave.

Personal reasons include visiting a sick or dying relative or close friend, attending the funeral of a relative or close friend, attending a wedding or graduation of a relative or close friend, attending a family occasion of special importance, attending a special religious event or service, and attending a reunion or commemoration.

Leave for clinical reasons may only be granted on the application of the treating medical practitioner.

Leave for personal reasons may only be granted on the application of the patient, or a person who, in the opinion of the approved medical practitioner deciding whether or not to grant the patient leave, has a genuine interest in the patient's welfare.

Patient's name: _____

Type of leave (tick the appropriate box): Clinical **OR** Personal

Who is applying for the leave?

The patient **OR**

Another person. Name and relationship to the patient: _____

Period of leave sought:

From: Date: ____ / ____ / ____ Time: ____:____ (24 hr)

To: Date: ____ / ____ / ____ Time: ____:____ (24 hr)

OR

A period or periods of leave to be determined by the patient's treating medical practitioner in accordance with the patient's leave schedule dated: ____ / ____ / ____

Leave Schedule attached

Reason(s) for the leave: _____

Date and time of application: Date: ____ / ____ / ____ Time: ____:____ (24 hr)

Applicant's signature: _____

COPY TO: If the patient is NOT subject to a Treatment Order – the Secretary, Corrections If the patient is a prisoner or detainee under the Corrections Act 1997 – the Director of Corrective Services If the patient is a youth detainee – the Secretary, Youth Justice If the patient is NOT subject to a Treatment Order - other person(s) who, in the Chief Forensic Psychiatrist's opinion, should be notified

OTHER: If the patient is the applicant and help has been sought in making this application – the patient has been given the help sought

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

CFP: Phone: (03) 6166 0781 Fax: (03) 6230 7739 Email: chief.psychiatrist@dhhs.tas.gov.au

Secretary, Corrections: Phone: (03) 6165 7527 Fax: (03) 6233 5031 Email: victims@justice.tas.gov.au

Director of Corrective Services: Phone: (03) 6216 8183 Fax: (03) 6165 7371

Email: Executive.Support@justice.tas.gov.au

Secretary (Youth Justice): Phone: (03) 6362 2311 Fax: (03) 6362 2217 Email: bill.smith@dhhs.tas.gov.au