

Application for Review

Sections 79(1), 80(1) and 81(1) Mental Health (Compulsory Assessment and Treatment) Act 1992

To: The Convenor
Mental Health Review Tribunal
PO Box 10407
Wellington, 6143
Tel 0800 114 645
Fax (04) 890 7301

Instructions

- (i) Please tick the relevant boxes.
- (ii) All sections must be completed.
- (iii) Unless specified, it will be assumed that the patient is the applicant.

Patient details (if the patient is not the applicant, please also complete the box on page 3)

Patient's full name

Patient's contact address

Phone	Fax
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Place of treatment

Phone	Fax
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Date of birth

Gender

Ethnicity

- | | |
|---|---|
| <input type="checkbox"/> Māori – iwi affiliation | <input type="checkbox"/> New Zealand European |
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Asian – If Asian, indicate ethnicity – | <input type="checkbox"/> Fijian |
| <input type="checkbox"/> Cook Islander | <input type="checkbox"/> Other – |

Nature of order

- | | | |
|---|--|------------------------------|
| (a) Compulsory treatment | (b) Special patient | (c) Restricted patient |
| (i) s29 community <input type="checkbox"/> | (i) s24(2)(a)* unfit to stand trial <input type="checkbox"/> | s55 <input type="checkbox"/> |
| (ii) s30 inpatient <input type="checkbox"/> | (ii) s24(2)(a)* insanity <input type="checkbox"/> | |

* Criminal Procedure (Mentally Impaired Persons) Act 2003 (or equivalent under the Criminal Justice Act 1985)

Date of current order

Criminal proceedings: If the patient is under a s29 community treatment order or a s30 inpatient treatment order, does that result from an order being made in criminal proceedings?

Yes

No

Date of last clinical review

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Is the patient an inpatient living in the community on extended leave?

Yes

No

If the patient is either under a s29 community treatment order or a s30 inpatient order is that order:

(1) a six-month order?

(2) a twelve-month order?

Name and address of responsible clinician

Name and address of responsible clinician	
Phone	Fax

Name and address of welfare guardian

Name and address of welfare guardian	
Phone	Fax

Hearing

Ethnic identity: Pursuant to s103 of the Mental Health (Compulsory Assessment and Treatment) Act 1992 a patient or applicant can request the Review Tribunal to co-opt a suitable person of the same ethnic identity as the patient.

Does the patient and/or the applicant wish the Tribunal to co-opt a person of the same ethnicity as the patient?

Yes

No

If yes, please identify ethnicity:

Interpreter

Is an interpreter required?

Yes

No

If yes, please specify language:

To be completed if the applicant is not the patient

Full name of applicant	
Address of applicant	
Contact telephone number for applicant	
Relationship to patient	<input type="checkbox"/> Welfare guardian <input type="checkbox"/> Principal caregiver <input type="checkbox"/> Usual medical practitioner <input type="checkbox"/> District inspector <input type="checkbox"/> Official visitor

Dated this day of 20

Applicant's signature

Applicant's full name

NB. If a Certificate of Clinical Review is available, please attach.