

**Notice to patient
subject to a section 11 or section 13 assessment notice
directing change from outpatient to inpatient status**

To: *Name of patient*

Patient's date of birth: *Date of birth*

Of: *Address*

You are now directed to attend as an inpatient and be detained for assessment and treatment in the hospital specified below:

Name & address of hospital where assessment and treatment as an inpatient is to take place

Your assessment and treatment as an inpatient is to begin on:
Commencement date of inpatient assessment and treatment

and will terminate on:
Expiry date of s.11 or s.13 assessment notice in force

This direction was made by: *Name of responsible clinician*

of: *Business address and telephone number of responsible clinician*

/ /
Signature of responsible clinician Date