**Leave of absence for a patient subject to a section 11 or section 13 assessment notice**

|  |  |
| --- | --- |
|  | *Name of patient* |
| To: | Click or tap here to enter text. |
|  | *Date of birth* |
| Patient's date of birth: | Click or tap to enter a date. |
|  | *Name & address of hospital or service or other place where patient being treated* |
| You are granted leave of absence from: | Click or tap here to enter text. |
|  | *Number of hours/days leave granted for* |
| for a period of: | Click or tap here to enter text. |
|  | *Date leave is to commence* |
| beginning on: | Click or tap to enter a date. |
|  |  |
| When your leave expires you must return to the place shown above on: |
|  | *Date and time patient to return to place* |
|  | Click or tap here to enter text. |

|  |
| --- |
| Your leave is subject to the following terms and conditions: |
|  | *Any terms and conditions as determined by responsible clinician* |
|  | Click or tap here to enter text. |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |
| --- | --- |
|  | *Name of responsible clinician* |
| This leave was approved by: | Click or tap here to enter text. |
|  | *Business address and telephone number of responsible clinician* |
| of: | Click or tap here to enter text. |
|  |
|  |
|  |  |
|  |  | Click or tap to enter a date. |
|  | *Signature of responsible clinician* | *Date* |

[ ]  A copy of this notice has been sent to the Director of Area Mental Health Services.