

# Substance Addiction (Compulsory Assessment and Treatment) Act 2017

Note: All section references are to the Substance Addiction (Compulsory and Treatment) Act 2017



## Transfer of patient to a treatment centre

(Section 41)

I, \_\_\_\_\_, the responsible clinician for \_\_\_\_\_, NHI \_\_\_\_\_, a patient under the Act, am transferring care of the aforementioned patient to \_\_\_\_\_ treatment centre, in \_\_\_\_\_.

In complying with s41(2) of the Act I have:

(Please tick as appropriate)

- Have obtained prior agreement from \_\_\_\_\_, the manager of the treatment centre
- Taken in to account the wishes and preferences of the patient, and the views of caregiver/welfare guardian/nominated person:

- I have arranged for transport of the patient and transfer of the patient's records to the treatment centre to occur on \_\_/\_\_/\_\_\_\_.

To: The Director of Area Addiction Services at \_\_\_\_\_ DHB

Copy to patient:

### Name and contact details of person or patient to whom this relates

Last name

First name

Date of birth

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NHI

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Phone number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address

Postcode

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### Contact details and signature of the responsible clinician

Last name

First name

Address

Postcode

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Email address

Contact phone number

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Signature of responsible clinician

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Date