

## Notice requiring patient to undergo a 14 day further period of assessment and treatment

To: *Name of patient*

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

Of: *Address*

You are required to undergo a 14 day further period of assessment and treatment  
*Name of responsible clinician conducting assessment and treatment*  
to be conducted by:

beginning on: *Date assessment and treatment to commence*

and ending on: *Date assessment and treatment period to terminate*

You are required to attend: **\*(i)**

**As an outpatient at:**  
*Address where assessment and treatment to take place, date(s) and reporting time(s)*


*\*Delete one* *or*

**\*(ii)**

**As an inpatient to be detained in the hospital specified below**  
*Name & address of hospital where assessment and treatment to take place*


/ /

*Signature of responsible clinician* *Date*