

Notice of Enforcement of Treatment

S11(5) Mental Health (Forensic Provisions) Regulations 2009

Notice to: Principal Forensic Officer, Mental Health Review Tribunal

Fax: (02) 9879 6811

Patient:.....

Facility:

Date & Time of treatment:.....

Officer giving treatment:.....

Location of treatment:.....

Details of treatment given in accordance with community treatment order:

.....
.....
.....
.....

Details of person completing this form:

Name:

Position:

Phone:

Fax:

Signed:

Dated:

Note:

Notice must be given to the Tribunal within **2 working days** when treatment is given following a 'further refusal or failure to comply' with the Community Treatment Order.