



FAMILY NAME

MRN

GIVEN NAME

MALE  FEMALE

Facility:

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

M.O.

ADDRESS

**NOTICE TO DESIGNATED CARER OR PRINCIPAL CARE PROVIDER OF PROPOSED SPECIAL MEDICAL TREATMENT**

LOCATION

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

**NSW MINISTRY OF HEALTH  
Mental Health Act 2007**

**Sections 78 and 103**

Dear

**Notification to Designated Carer or Principal Care Provider  
in respect of proposed Special Medical Treatment**

It is my opinion as an authorised medical officer of .....  
[name of mental health facility]

that it is necessary to prevent serious damage to the health of .....  
[patient's full name]

who is involuntarily detained in the mental health facility in accordance with the *Mental Health Act 2007*, to undergo special medical treatment for

.....  
[lay description of condition]

This treatment is called .....  
[medical name of treatment, procedure, operation or examination]

**In the Mental Health Act 2007, "special medical treatment" means –**

- “(a) any treatment, procedure, operation or examination that is intended, or is reasonably likely, to have the effect of rendering permanently infertile the person on whom it is carried out, or**
- (b) any other kind of treatment declared by the regulations to be special medical treatment for the purposes of this Part.”**

**An application will be made to the Mental Health Review Tribunal for consent to the treatment. The Tribunal will hold a hearing to consider the application and you may attend if you wish.**

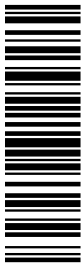
If you wish to discuss this matter further please contact .....  
[name]

on .....  
[telephone]

Yours faithfully

Print name \_\_\_\_\_ Designation \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



SMR025195

Holes Punched as per AS2828.1: 2012  
BINDING MARGIN - NO WRITING