MENTAL HEALTH INQUIRIES LIST

MHRT Email: MHRT-Inquiries@health.nsw.gov.au
MHRT Fax: 9879-0214
MHAS Email: civilmhas@legalaid.nsw.gov.au

All assessable persons in their second or third week of detention are to be listed for a mental health inquiry. Please ensure that you nominate the type of order being sought. i.e. involuntary patient order (IPO), financial management order (FMO) and/or community treatment order (CTO)

Venue Name:______________________________ **Hearing Date:**____________________

Patient Full Name	MRN	Date & Country of Birth	Interpreter & Language	Gender	Aboriginal or TSI	Date of Admission	Notice of hearing provided	Application(s) Sought & Community Mental Health Facility (MHF) if CTO
		__/__/__ ______	☐ Yes ☐ No ______	☐ F ☐ M	☐ ABL ☐ TSI	__/__/__	☐ Patient ☐ Primary Carer	☐ IPO ☐ CTO ☐ FMO MHF: ______
		__/__/__ ______	☐ Yes ☐ No ______	☐ F ☐ M	☐ ABL ☐ TSI	__/__/__	☐ Patient ☐ Primary Carer	☐ IPO ☐ CTO ☐ FMO MHF: ______
		__/__/__ ______	☐ Yes ☐ No ______	☐ F ☐ M	☐ ABL ☐ TSI	__/__/__	☐ Patient ☐ Primary Carer	☐ IPO ☐ CTO ☐ FMO MHF: ______
		__/__/__ ______	☐ Yes ☐ No ______	☐ F ☐ M	☐ ABL ☐ TSI	__/__/__	☐ Patient ☐ Primary Carer	☐ IPO ☐ CTO ☐ FMO MHF: ______
		__/__/__ ______	☐ Yes ☐ No ______	☐ F ☐ M	☐ ABL ☐ TSI	__/__/__	☐ Patient ☐ Primary Carer	☐ IPO ☐ CTO ☐ FMO MHF: ______
		__/__/__ ______	☐ Yes ☐ No ______	☐ F ☐ M	☐ ABL ☐ TSI	__/__/__	☐ Patient ☐ Primary Carer	☐ IPO ☐ CTO ☐ FMO MHF: ______
		__/__/__ ______	☐ Yes ☐ No ______	☐ F ☐ M	☐ ABL ☐ TSI	__/__/__	☐ Patient ☐ Primary Carer	☐ IPO ☐ CTO ☐ FMO MHF: ______
		__/__/__ ______	☐ Yes ☐ No ______	☐ F ☐ M	☐ ABL ☐ TSI	__/__/__	☐ Patient ☐ Primary Carer	☐ IPO ☐ CTO ☐ FMO MHF: ______
		__/__/__ ______	☐ Yes ☐ No ______	☐ F ☐ M	☐ ABL ☐ TSI	__/__/__	☐ Patient ☐ Primary Carer	☐ IPO ☐ CTO ☐ FMO MHF: ______

Contact Name:________________ **Telephone:**____________ **MHAS Representative:**________________