

REPORT ON CONTINUING CARE ORDER FOR THE MENTAL HEALTH TRIBUNAL

(To enable photocopying, please type or use black pen and write legibly)

PATIENT'S NAME:	U.R. NUMBER:
USUAL RESIDENCE:	HEARING DATE:
TELEPHONE NUMBER:	DATE OF BIRTH:

Name of Mental Health Service:

Name of the hospital to which admitted as an involuntary patient:
(if different from above):

Date of admission to hospital:

Date of commencement of Order: Date of Expiry of Order:

If you are requesting an extension of this order, state proposed Expiry Date:

Is the patient on leave of absence? Yes No
date leave commenced:

The patient has read (or has had read to him/her) this report Yes No

The patient has been given an opportunity to read the materials from his/her clinical file which have been presented to the tribunal Yes No

An application will be made to the Tribunal that the patient not be permitted to see some/all of the materials on his/her clinical file Yes No

Report Prepared by Approved Medical Practitioner (Name):

Signature:

Date of this report
