

Notification to the Tribunal - Form A

Orders Made or Renewed

Section A - Patient Details

Title: _____ Given Name(s) _____

Surname _____ Known Aliases (if any) _____

Home Address _____

Postcode _____

Date of Birth (if known) . _____

Section B - Orders Made or Renewed

Continuing Care Orders

A continuing care order has been:

- made renewed Date order made: ____/____/____
- Date order expires: ____/____/____

Community Treatment Orders

A community treatment order has been:

- made renewed Date order made: ____/____/____
 - Date order expires: ____/____/____
-

Section C- Information on the Care and Treatment of the Patient

(1) Current address of the patient: (✓)

- | | |
|---|---|
| <input type="checkbox"/> Spencer Clinic; NWRH | <input type="checkbox"/> DPM, Royal Hobart Hospital |
| <input type="checkbox"/> Ward 1E, LGH | <input type="checkbox"/> Tyenna Green / Blue (strike out whichever is inapplicable) |
| <input type="checkbox"/> Howard Hill Centre | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Roy Fagan Centre | _____ |
| <input type="checkbox"/> Home address (as above in Section A) | _____ Postcode _____ |

(2) Information

Has the patient been given information on their diagnosis and proposed treatment plan?

- Yes No

Has the person responsible (if any) been given information on their diagnosis and proposed treatment plan?

- Yes No Not applicable

If no, please comment _____

(3) Medical Care

What is the patient’s treatment centre (if different from their current address)? _____

What is the name of the patient’s **treating** consultant? _____

What is the name of the patient’s **treating** registrar/medical officer? _____

Are there other mental health practitioners (eg. community case manager) who should be advised of the hearing? Yes No

If yes, please provide the following details:

Title _____ First Name _____
Family Name _____
Position _____
Postal Address _____
_____ Postcode _____
Facsimile No: _____ Phone No: _____

(4) Person Responsible

Does the person have a person responsible?

- Yes.....
- No
- Not sure
- Not known

If yes, please provide the following details:

Title _____ First Name _____
Family Name _____
Postal Address _____
_____ Postcode _____
Phone: _____ (if known)

Relationship of the person responsible to the person:

- Guardian
- Spouse
- Carer
- Close Personal Friend or Close Relative (specify relationship)

Section D: Notifier

Name _____ Contact Phone Number _____

Signature _____

Explanatory Notes

Section B: Order Made or Renewed

- The Tribunal must be notified within 48 hours after a CCO or CTO is made or renewed. The Tribunal needs to know the date that the person’s order is made or renewed because the patient must be reviewed by the Tribunal within 28 days after that date.

Section C: Information on the Care and Treatment of the Patient

- (1) The Tribunal needs to know the location of the patient so that the patient can be notified when their order will be reviewed.
- (2) Under the Act, a patient (and their person responsible) must be provided with information on their rights on admission, and must be informed of their diagnosis and proposed treatment plan as soon as possible. Information can only be withheld if, in the medical practitioner’s opinion it would have an adverse effect on the patient. The Tribunal must be informed if information is withheld. (s45(1), (2) &(3)).
- (3) The Tribunal will notify the patient’s consultant of the hearing and will request the consultant to provide a report on the person. If the person is on a CTO, the Tribunal also needs to know the name of their treatment centre.
- (4) The contact details of the “person responsible” are required as the Registrar of the Tribunal must notify them of a review by the Tribunal. A person’s person responsible is, in order of priority, the person’s guardian; their spouse (if there is a close and continuing relationship); the person’s carer (must be unpaid or in receipt of carer’s pension); or a close personal friend or close relative. The person responsible would usually have close contact with the person, because person responsible must be given information on the patient’s rights, diagnosis and proposed treatment, and may also be needed to provide substitute consent for some medical treatments if the patient lacks capacity to consent to the treatment. An authorised officer is not a person responsible.

Section D: Notifier

- The Tribunal needs to know who has completed the form so we can contact you in case we have a query.