

Notice requiring patient to undergo a 5 day further period of assessment and treatment

	Name of patient
To:	
	Date of birth
Patient's date of birth:	
	Address
Of:	
You are required to undergo a 5 day further period of assessment and treatment	
	Name of responsible clinician conducting assessment and treatment
to be conducted by:	
	Date assessment and treatment to commence
beginning on:	
	Date assessment and treatment period to terminate
and ending on:	,
You are required to attend:	
	an <u>outpatient</u> at:
	ress where assessment and treatment to take place, date(s) and reporting
time	(5)
Delete one	or
*(ii) As a	an <u>inpatient</u> to be detained in the hospital specified below
Nam	ne and address of hospital where assessment and treatment to take place
	Signature of mental health practitioner Date