p



 *Mental Health (Compulsory Assessment and Treatment) Act 1992 Section 46*

Transfer Pursuant to Section 46 – Mental Health (Compulsory Assessment & Treatment) Act 1992

|  |  |
| --- | --- |
|  | Full Name |
| Detained person: | Click or tap here to enter text. |
|  | Date of birth |
| Date of birth: | Click or tap to enter a date. |
|  |  |

Approval is sought to transfer the detained person from Click or tap here to enter text.

to Click or tap here to enter text. , pursuant to Section 46 of the Mental Health (Compulsory Assessment & Treatment) Act 1992 for the purpose of undergoing further assessment.

The detained person is remanded / sentenced: *(delete as necessary)*

To Click or tap here to enter text. years Click or tap here to enter text. months Click or tap here to enter text. weeks Click or tap here to enter text. days, finishing on Click or tap here to enter text. for charges of: Click or tap here to enter text.

**Has the detained person previously been in a Mental Health hospital?** Yes [ ]  No [ ]

|  |
| --- |
| * *If Yes list details:*
 |
| Click or tap here to enter text. |
| * *Detained person’s mental health diagnosis is:*
 |
| Click or tap here to enter text. |
| * *Detained person’s current behaviour is:*
 |
| Click or tap here to enter text. |

This transfer is recommended by: Click or tap here to enter text.

Supporting letter attached Yes [ ]  No [ ]  Registered Victim Yes [ ]  No [ ]

**RECOMMENDATION** that Click or tap here to enter text. be transferred to Click or tap here to enter text. for the purpose of assessment / treatment pursuant to Section 46 Mental Health (Compulsory Assessment & Treatment) Act 1992, subject to approval from the Director of Area Mental Health of Click or tap here to enter text. District Health Board.

Please send to DAMHS for approval – DAMHS will send to Director of Mental Health for approval.

DETAINED PERSON ’S CONSENT:

I Click or tap here to enter text. DOB Click or tap to enter a date. agree to go to Click or tap here to enter text. as a voluntary patient

|  |
| --- |
|  Click or tap to enter a date.  |
| *Signature of applicant Date of application* |

REGIONAL COMMISSIONER:

Approved [ ]  Not approved [ ]

|  |
| --- |
|  Click or tap to enter a date.  |
| *Signature Date of application* |