

Notice to attend an assessment examination

Name of proposed patient: *Full name*

Proposed patient's date of birth: *Date of birth*

Of: *Address*

You are required to attend an assessment examination to be conducted by:

Mental health practitioner nominated by (a) the DAMHS or (b) DAO

Address where the assessment will take place:

Arrangements to convey proposed patient (e.g. by car):

Time and date when assessment to be conducted:

Name of attending family, whānau, caregiver, or other person concerned with the welfare of the patient

Method of their attendance: In person Audio-Visual Link (AVL) Audio Link

Rationale for AVL or Audio Link:

The purpose of the assessment examination is to determine whether you (the proposed patient) are mentally disordered within the definition of the Mental Health Act, and if so, whether further assessment and treatment may be required.

This notice is issued by:

Officer authorised by (a) the DAMHS (b) or DAO

Business address

Telephone number

Signature *Date*