**Notice to attend an assessment examination**

|  |  |
| --- | --- |
|  | *Full name* |
| Name of proposed patient: | Click or tap here to enter text. |
|  | *Date of birth* |
| Proposed patient’s date of birth: | Click or tap here to enter text. |
|  | *Address* |
| Of: | Click or tap here to enter text. |
|  |
|  |  |

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

|  |  |
| --- | --- |
| Mental health practitioner nominated by  (a) the DAMHS or (b) DAO | Click or tap here to enter text. |
|  |  |
| Address where the assessment will take place: | Click or tap here to enter text. |
|  |  |
| Arrangements to convey proposed patient (e.g. by car): | Click or tap here to enter text. |
|  |  |
| Time and date when assessment to be conducted: | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Name of attending family, whānau, caregiver, or other person concerned with the welfare of the patient | Click or tap here to enter text. |
| Method of their attendance: | In person  Audio-Visual Link (AVL)  Audio Link |
| Rationale for AVL or Audio Link: | Click or tap here to enter text. |

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 | Click or tap here to enter text. |
|  |  |
| Business address | Click or tap here to enter text. |
|  |
|  |  |
| Telephone number | Click or tap here to enter text. |

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