

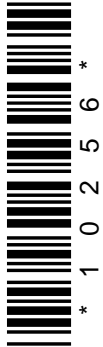
URN: _____

Family name: _____

Given names: _____

DOB: _____ Sex: _____

NOTIFICATION OF RETURN FROM UNAUTHORISED LEAVE



Section 1. Health Facility returned to (tick)

- Adult Mental Health Unit, The Canberra Hospital
- Mental Health Short Stay Unit, The Canberra Hospital
- Brian Hennessey Rehabilitation Centre
- Older Persons Inpatient Unit, Calvary Health Care
- 2 North Calvary Health Care

Date and time person returned from unauthorised leave and means of return:

Date: ___/___/___

Time: _____:_____

Section 2. Patient Particulars

Other names / Alias:

Contact phone number:

Residential address:

Clinically managed by mental health services? Yes No

Subject to an Emergency Detention Order, Psychiatric Treatment Order or

Community Care Order? Yes No

If yes, date of expiry of the Order:

If the person was subject to an order at the time they left the unit, the ACAT and the Public Advocate must be advised in writing within 12 hours of their return in accordance with s.78 (Contravention of mental health order – absconding from facility) of the Mental Health Act 2015.

Section 3. Health Facility Information

Reporting person's name	Designation	Date	Phone

Signature _____

DO NOT WRITE IN THIS BINDING MARGIN

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