

URN: _____

Family name: _____

Given names: _____

DOB: _____ Sex: _____

NOTICE OF REVOCATION FOR PTO OR RO

Psychiatric Treatment Order or Restriction Order

This form must be completed when a person is no longer a person in relation to whom the tribunal could make a Psychiatric Treatment Order or Restriction Order of the *Mental Health Act 2015*

Section 64 Mental Health Act 2015

I, Doctor. _____, pursuant to Section 64 (4) of the *Mental Health Act 2015* advise that:

Name of person: _____

Date of birth: ____ / ____ / _____

Residential address: _____

is no longer a person in relation to whom the tribunal could make a psychiatric treatment order or restriction order for the following reasons:

I have informed the nominated person Yes No N/A

I have informed the carer Yes No N/A

The carer or nominated person has provided the following information regarding whether or not the order continues to be appropriate:

The carer or nominate person is aware that they are entitled to make a submission to the ACT Civil and Administrative Tribunal to review the abovementioned order: Yes No N/A

Signature of Chief Psychiatrist or delegate: _____

_____/_____/_____

Print name

Date

The original of this form has been sent to: Tribunal Liaison Officer, Adult Mental Health Unit, TCH, Fax 6244 4558

_____/_____/_____

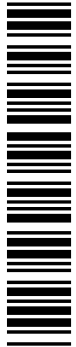
Signature

Print name

Designation

Date

The completed form must be included on the person's electronic clinical record



DO NOT WRITE IN THIS BINDING MARGIN

NOTICE OF REVOCATION FOR PTO OR RO

15161

15161(1217)