dd/mm/yyyy

Patients name

Patients address 1

Patients address 2

SUBURB VIC Postcode

Statewide UR number:

Date of birth:

Preferred pronouns:

Dear [Patients name]

**Our report for your Tribunal hearing about the application to transfer you / transfer responsibility for your care to an interstate health service**

This report is for your Mental Health Tribunal hearing on dd/mm/yyyy. It explains why it is considered necessary to transfer you / transfer responsibility for your care from *[insert name of health service currently treating the patient****- delete this prompt****]* in Victoria to *[insert name of health service the patient would be transferred to* ***- delete this prompt****]* in *[insert the state the patient would be transferred to* ***- delete this prompt****]* for your treatment.

We will give the Tribunal a copy of this report and information from your clinical file, including any advance statement of preferences you have made. You can ask to see that information.

The Tribunal members who will attend your hearing are independent of our health service. They will:

* read this report and information from your clinical file
* have a discussion with you, members of your treating team and your support people who attend the hearing, and
* decide which health service you will be treated at depending on whether the Tribunal are satisfied that:
	1. the transfer is necessary for your treatment
	2. you do not have capacity to give informed consent or do not consent to the transfer
	3. the transfer is permitted by or under a corresponding law
	4. the interstate authority for the interstate mental health facility agrees to the transfer.

If any of these criteria are not met, the Tribunal will refuse to make an interstate transfer of treatment order and you will not be transferred.

**Your treating team**

Consultant psychiatrist:

Medical officer:

Case manager:

**Background information for the Tribunal**

**Your strengths, support in the community and things that could help you stay well**

*[Outline the patient’s strengths including their interests, activities and skills, their significant relationships, their support in the community that could help them stay well (such as psychological support) and things that have helped them stay well in the past* ***- delete this prompt****]*

**Your culture, family and accommodation**

*[Provide a short statement about the patient’s culture, family background and current accommodation* ***- delete this prompt****]*

**Your education and work history**

*[Provide a short statement about the patient’s education and employment including where they currently work and how they are financially supported* ***- delete this prompt****]*

**What you have told us about your hopes and goals for your recovery**

*[Summarise the patient’s hopes and goals for their recovery.* ***- delete this prompt****]*

**Your current order**

You are currently subject to a *[insert the type of order the patient is currently subject to such as an inpatient or community treatment order or temporary treatment order* ***- delete this prompt****]* made on *[insert date of order* ***- delete this prompt****]* which makes you a patient until *[insert end date of order* ***- delete this prompt****]*.

**Your views and preferences**

*[Summarise what the patient has communicated about their views and preferences about their mental illness, treatment and whether they would like to be transferred to the interstate mental health service. Include the reason for those views and any recovery outcomes the patient wants to achieve. Mention if the patient has made an advance statement of preferences and provide the Tribunal with a copy -* ***delete this prompt****]*

**Views of your family, friends, carers or guardians**

*[Identify the patient’s support people, how you have involved them in treatment planning and other discussions, and what they have said about the patient’s treatment and whether the patient should be transferred to the receiving health service. Include the views of a parent or guardian of the patient if the patient is under the age of 16* ***- delete this prompt****]*

**What led to you receiving mental health treatment**

*[Provide the patient with a short summary of what led to them initially receiving mental health treatment and their most recent hospital admission. Include the dates of their first and most recent admissions and times when they have been a voluntary patient.* ***- delete this prompt****]*

**Your current presentation**

*[Provide the patient with a short description of their current presentation and mental state. Include specific examples of relevant symptoms and how they experienced them. If you include a diagnosis, include the patient’s views about it.* ***- delete this prompt****]*

**Your current treatment**

**Medication**

*[List the medications currently provided to the patient with their purpose and dosage* ***- delete this prompt****]*

**Other treatment and support**

*[Summarise the non-medical treatment and support you provide to the patient and how it helps them stay well, such as access to psychological support* ***- delete this prompt****]*

**Why the transfer is necessary for your treatment**

 *[Explain why transferring the patient to the receiving health service is necessary for the patient’s treatment, include details of how the transfer will affect the patient’s access to activities and supports, their ability to see family, friends and support people, their work and finances and their ability to pursue their goals* ***- delete this prompt****]*

**No informed consent**

A person has capacity to give informed consent if they are able to:

* understand the information they are given for the purpose of deciding whether or not to consent
* remember that information
* use or weigh that information in deciding whether or not to consent, and
* communicate the decision by speech, gestures or any other means.

*[Explain when, how and why the patient has refused to give informed consent, or explain why you believe the patient does not have the capacity to give informed consent - delete this prompt]*

**Confirmation that the transfer is permitted by or under a corresponding law**

[*Provide confirmation that the transfer is permitted by or under a corresponding law (contact the Office of the Chief Psychiatrist if you are unsure whether the transfer is permitted by or under a corresponding law)* ***- delete this prompt****]*

**Agreement from the authority for the interstate mental health service**

The transfer was agreed to by *[insert name and role of the person at the interstate authority for the interstate mental health service who agreed to the transfer* ***- delete this prompt****]* of *[insert the name of the interstate authority for the receiving mental health service* ***- delete this prompt****]* on *[insert the date of the approval. Also provide the Tribunal with a copy of the agreement or written confirmation of it.* ***- delete this prompt****]*.

We hope you can participate in your Tribunal hearing. Please let us know if you want more support to prepare for your hearing.

Yours sincerely

Dr

Consultant Psychiatrist