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 the Tribunal hearing about your application against being transferred to another health service**

This report is for your Mental Health Tribunal hearing on dd/mm/yyyy. It explains why it was considered necessary to transfer you from *[insert name of health service the patient was transferred from* ***- delete this prompt****]* to *[insert name of health service the patient was be transferred to* ***- delete this prompt****]* for your assessment or 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 assessed or treated at depending on whether the Tribunal is satisfied the transfer was necessary for your assessment or treatment, and that the authorised psychiatrist for the receiving service has approved of the transfer.

**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 ‘court assessment order’, ‘temporary treatment order’ or ‘treatment order’* ***- delete this prompt****]* made on *[insert date* ***- 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 should have been transferred to the receiving health service. Including 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 they should have been 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 illness. 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 transferring you was necessary for your assessment and treatment**

 *[Explain why transferring the patient to the receiving health service was necessary for the patient’s assessment or treatment, include details of how the transfer has affected 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****]*

**Approvals**

The transfer was approved by *[insert name of authorised psychiatrist at the receiving health service* ***- delete this prompt****]* of *[insert the name of the health service that received the patient* ***- delete this prompt****]* on *[insert the date of the approval and provide the Tribunal with a copy of the approval or written confirmation of it. If the variation was at the direction of the chief psychiatrist, delete the ‘Approvals’ section of this report template* ***- delete this prompt****]*.

Yours sincerely

Dr

Consultant Psychiatrist