Sex: ___

URN: ____

DOB: __

Phone ACTP on 131444 or 62567714 ask for Operations Sergeant to discuss referral before emailing form to actcommunications@AFP.gov.au

Family name:___

Given names: ___

Other names:

Time of escape:

Section 1. DETAILS OF ESCAPE

Section 2. PATIENT'S PARTICULARS

Mental Health Treatment Order

Forensic Psychiatric Treatment Order

Section 3. DETAILS OF PATIENT'S RISK

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Moderate

☐ Psychiatric Treatment Order

☐ Community Treatment Order

Currently at risk of serious self-harm?

ESTIMATED LEVEL OF RISK (tick one):

Last known residential address:

Contact phone number:

Clinical Risk Assessment

Currently suicidal?

Currently Homicidal?

Currently Psychotic?

Additional notes:

Date of escape:

Surname:

Admission date:

Subject to a:

DOB:

WANTED PERSON FROM SECURE **MENTAL HEALTH SERVICES - RISK ASSESSMENT**

Circumstances surrounding failure to return or absconding:

Sex:

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DO NOT WRITE IN THIS BINDING MA

Section	on 4. NEXT O	F KIN					
NOK I	nformed: 🗌 Ye	s 🔲 No, by w	hom:		D	ate:	
Name	: <u> </u>			F	Relationship:		
Addre	ss:			F	Phone:		
					_		
	nildren involved	? 🗌 Yes 🔲 No)				
Who n	nay be at risk?						
Section	on 5. SECURI	E MENTAL HEA	LTH SERVICE INF	ORMATION			
Repor	ting person's na	ame:					
Desig	nation:			F	Phone:		
Action	taken by staff t	o locate the pers	son:				
Section		STATUS AND O L HEALTH CAR	PTIONS FOR THE	E SAFE RETU	RN OF THE PE	RSON REQU	JIRING
Menta	l Health Orders	;					
	the person to be 15 (ACT)?		nd returned to inpa No	atient facility po	ursuant to s. 78 o	of the <i>Mental</i>	Health Act
	he person to be 15 (ACT)?		nd returned to inpa No	atient facility pu	ursuant to s. 125	of the Menta	al Health Act
If y	es, s. 263 of the	be enacted (plea	sion of person in b se supply a copy o				
	•	T DESCRIPTION	J				
Heigh		cm		Weight	kg		
Hair	Colour	Black	□ Brown	□ Blonde	Grey	Auburn	☐ Dyed
		☐ White	Red / ginger	Multi	Light brown	Other:	_ ,
	Length / style	Short	Medium	Long	Bald	☐ Curly	☐ Straight
Eyes	Colour	Blue	Brown	Green	☐ Hazel	Grey	
		☐ Blue / grey	Green / hazel			Other:	
Last s	een wearing:						
			Insert a photogra	ph of patient here			
			, ,	, ,			
Staff sig	gnature		Print name	e	Designa	tion	Date