



**Section 4. NEXT OF KIN**NOK Informed:  Yes  No, by whom: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Are children involved?  Yes  No

Who may be at risk? \_\_\_\_\_

**Section 5. SECURE MENTAL HEALTH SERVICE INFORMATION**

Reporting person's name: \_\_\_\_\_

Designation: \_\_\_\_\_ Phone: \_\_\_\_\_

Action taken by staff to locate the person: \_\_\_\_\_

**Section 6. LEGAL STATUS AND OPTIONS FOR THE SAFE RETURN OF THE PERSON REQUIRING MENTAL HEALTH CARE***Mental Health Orders*Is the person to be apprehended and returned to inpatient facility pursuant to s. 78 of the *Mental Health Act 2015* (ACT)?  Yes  NoIs the person to be apprehended and returned to inpatient facility pursuant to s. 125 of the *Mental Health Act 2015* (ACT)?  Yes  No*If yes, s. 263 of the Act (Apprehension of person in breach of mental health order or forensic mental health order will need to be enacted (please supply a copy of the mental health order requiring the person to reside at an inpatient facility.)***Section 7. PATIENT DESCRIPTION**

Height: \_\_\_\_\_ cm Weight \_\_\_\_\_ kg

<b>Hair</b>	Colour	<input type="checkbox"/> Black	<input type="checkbox"/> Brown	<input type="checkbox"/> Blonde	<input type="checkbox"/> Grey	<input type="checkbox"/> Auburn	<input type="checkbox"/> Dyed
		<input type="checkbox"/> White	<input type="checkbox"/> Red / ginger	<input type="checkbox"/> Multi	<input type="checkbox"/> Light brown	<input type="checkbox"/> Other:	
	Length / style	<input type="checkbox"/> Short	<input type="checkbox"/> Medium	<input type="checkbox"/> Long	<input type="checkbox"/> Bald	<input type="checkbox"/> Curly	<input type="checkbox"/> Straight
<b>Eyes</b>	Colour	<input type="checkbox"/> Blue	<input type="checkbox"/> Brown	<input type="checkbox"/> Green	<input type="checkbox"/> Hazel	<input type="checkbox"/> Grey	
		<input type="checkbox"/> Blue / grey	<input type="checkbox"/> Green / hazel			<input type="checkbox"/> Other:	

Last seen wearing:

*Insert a photograph of patient here*

Staff signature

Print name

Designation

Date