

**Mental Health and Wellbeing Act 2022  
(Sections 599 & 600)**

**MHWA 170  
Transfer patient to interstate mental  
health facility**

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Mental Health Statewide UR Number

Local Patient Identifier

FAMILY NAME

GIVEN NAMES

DATE OF BIRTH

SEX

GENDER

Place patient identification label above

**Instructions to complete this form**

- This form is to be used to transfer a patient to an interstate mental health facility **with consent**.
- This form must be completed by an Authorised Psychiatrist or delegate or the Chief Psychiatrist or delegate.

GIVEN NAMES

FAMILY NAME (BLOCK LETTERS)

at patient of:

who is subject to:

Designated Mental Health Service

- Inpatient Temporary Treatment Order
  - Inpatient Treatment Order
- (please cross  one option only)

- Community Temporary Treatment Order
- Community Treatment Order

1. I am:

- the Authorised Psychiatrist or delegate of the Designated Mental Health Service
  - the Chief Psychiatrist or delegate.
- (please cross  one option only)

2. I direct that:

- responsibility for treatment of the person be transferred to the following interstate mental health facility (for persons subject to a Community Temporary Treatment Order or a Community Treatment Order);  
or
  - the person be taken to the following interstate mental health facility (for persons subject to an Inpatient Temporary Treatment Order or an Inpatient Treatment Order):
- (please cross  one option only)

name of receiving interstate mental health facility

address of receiving interstate mental health facility

3. I am satisfied that the transfer is necessary for the person's treatment.
4. The person consents to the transfer.
5. The transfer is permitted by or under a corresponding law.
6. The interstate authority for the interstate mental health facility agrees to the transfer.

Signature:

Date:

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signature of Authorised Psychiatrist or delegate / Chief Psychiatrist or delegate

Given Names:

Family Name:

Business Address:

Telephone:

**Next steps**

After completing this form:

- **tell** the person that the transfer direction has been made
- **explain** the purpose and effect of the transfer direction
- **notify** the clinical director (or equivalent) of the interstate mental health facility that the transfer direction has been made
- if the person is:
  - **an inpatient, arrange** for the person to be taken to the receiving interstate mental health facility
  - **subject to a community order, arrange** for the patient to be seen by the receiving interstate mental health facility
- **forward** any documents relevant to the patient to the receiving interstate mental health facility.



MHWA170

ROLLS AUSTRALIA 1300 600 192

**JULY  
2023**

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