

# Involuntary Psychiatric Referrals

Clause 10 Mental Health Regulations 2025



**WEEKLY REPORTING FORM**

Facility: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_

MRN	Date of Birth	Country of Birth	Sex (F/M)	Interpreter (Y/N – Language)	Date detained or made involuntary	Referral Method		Admitted Y/N	Category if admitted	
						A	s19 Doctor’s Certificate		A	Voluntary
						B	s22 Police Apprehension		B	Involuntary Mentally Ill
						C	s20 Ambulance Officer		C	Involuntary Mentally Disordered
						D	s58 CTO Breach			
						E	s26 Carer/friend/relative			
						F	s24 via s18 MHCIFPA			
						G	s23 via s19 MHA			
						H	Reclassified - voluntary to involuntary			
						I	s25 Transfer from other facility			