Mental Health Advocacy Service form



1. Your personal details	Country of birth if not Australia?
Title: Mr Ms Mrs Miss Other	
First names:	Year arrived?
Surname:	Do you speak a language other than English at home?
Alias or other name:	No Yes, which language?
Date of birth: Age:	
	4. Do you need an interpreter?
Gender: Male Male Mot identified	No Yes, which language?
2. Your contact details	5. Do you have a disability or mental health
Mobile:	condition?
Tick this box if it is not safe for us to send you text	No Yes Not stated
messages:	If you choose to tell us this, we will ask what supports you need
Other phone:	to make our service work for you.
Email:	
Address:	6. Declaration and Privacy
	I understand it is an offence to give false or misleading information.
Postcode:	I declare that to the best of my knowledge the information I have given is true and correct.
Are you homeless or in temporary accommodation?	I understand that Legal Aid NSW collects my personal
No Yes	information to provide me with a legal service, ensure
Are you detained in prison? No Yes	accountability for the assistance it provides and to plan and report on their services.
MIN: Location:	I understand this information is used and stored in
Are you detained in a mental health facility? No Yes	accordance with NSW Privacy legislation and I can access further information about the Legal Aid NSW Privacy
Location:	Policy at <u>www.legalaid.nsw.gov.au</u> or call 9219 5000.
	Signature:
3. Your background	
Are you Aboriginal and/or Torres Strait Islander?	
No Yes – Aboriginal	Date:
Yes – Torres Strait Islander Yes – both	
FOR THE SOLICITOR TO COMPLETE	
If the client has a disability or mental health	What supports does the client require?
condition, then consider asking:	Auslan interpreter
Which of these categories best describe the client's	Large print documents
disability/diagnosis?	Plain English summary of advice
Cognitive (includes intellectual, ASD, ABI, dementia etc.)	Suitable communication (e.g. no phone calls, everything in
Mental health condition	writing):
Physical Sepsent/speech	Support person present
Sensory/speech Other:	Other:
Ouici.	
OFFICE USE ONLY Client ID: Client Disclosure	e Statement provided: No Yes

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FOR THE SOLICITOR TO COMPLETE

Admitting document

	(Schedule 1, s22 Police Report etc)	Length of examination:
Name:		Date:
		,
Form 1s27(a) Date:		Psychiatrist: No Yes
Doctor's name:		Time of examination: AM PM
Form 1s27(b)		
Date: Doctor's name:		Psychiatrist: No Yes Time of examination: AM PM
	ovided Statement of Rights?	f inquiry?
Has patient been pro	ovided Statement of Rights? carer/principal care provider been notified of pose or not oppose any orders sought?	f inquiry?
Has patient been pro	carer/principal care provider been notified of	f inquiry?
Has patient been pro	carer/principal care provider been notified of	f inquiry?
Has patient been pro	carer/principal care provider been notified of	f inquiry?
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Has patient been pro	carer/principal care provider been notified of	f inquiry?
Has patient been pro	carer/principal care provider been notified of	f inquiry?

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FOR THE SOLICITOR TO COMPLETE

Advice and notes:

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FOR THE SOLICITOR TO COMPLETE

Matter group: Mental healt	th	
Matter type:		
Civil commitment	Community tre	atment order
Forensic Community Treatment Order	ECT	
Compulsory drug and alcohol treatment	Financial mana	agement
Appeal against refusal to discharge	Other mental h	nealth
This listing:		
Date:		
Listing:		
Mental health inquiry	MHRT: other	
Compulsory drug and alcohol treatment	Advice only	
Location:		
Tribunal members:		
Doctor:		
Lawyer:		
Also present:		
Orders (E.g. Involuntary patier	nt and length, CTO	approved etc.):
Orders sought	Opposed	Duration
	No Yes	
D "	INOIes	D "
Results		Duration
_		
Adjournment: No Y	'es	
Designated carers/princip	oal care provide	r:
	·	
Legal Aid office/ firm nam	ne and address:	

Client re	erred to:
Notes:	
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