

NOTICE OF TRANSFER OF A PATIENT TO THE CENTRAL MENTAL HOSPITAL

Revised July 2019

FORM 12

Mental Health Acts 2001 to 2018
Section 21(3)

PLEASE COMPLETE IN BLOCK CAPITALS

Following authorisation from the Tribunal in accordance with Section 21(2)(b)(i), I, the Clinical Director, have arranged for the transfer of:

1. Full name of patient being transferred

2. Full address of patient

 Eircode:

3. Date of birth OR age (if date of birth not known) // Age: Gender: M F

4. Name and address of Approved Centre to which patient was admitted

5. Date of admission //

NOTICE OF TRANSFER

6. Date of proposal to transfer //

7. Date of Mental Health Tribunal authorising the transfer //

8. Date of transfer: I have arranged that the above named patient be transferred to the Central Mental Hospital on:
//

9. I shall give notice in writing of this transfer to the patient and I shall give notice to the Commission.

Signed: _____ (Clinical Director)

Print name: _____ (Clinical Director)

MCRN:

Date: //

Time: : (24 hour clock e.g. 2:41pm is written as 14:41)

For use only in accordance with the Mental Health Acts 2001 to 2018. Penalties apply for giving false or misleading information.

NOTE: For information in relation to the legislation, please refer to www.mhcirl.ie/legislation.

For information in relation to the Section of the Mental Health Act 2001 to which this form refers, please click [here](#).