



ACT Health

Correctional Escapee from DMHU - Risk Assessment

Complete details or affix label

URN: _____

Family name: _____

Given names: _____

DOB: _____ Sex: _____

Phone ACTP on 131444 or 62567714 ask for Operations Sergeant to discuss referral before emailing form to actcommunications@AFP.gov.au

Section 1. DETAILS OF ESCAPE

Date of escape: _____ Time of escape: _____

Circumstances surrounding escape: _____

Section 2. PATIENT'S PARTICULARS

Surname: _____ Other names: _____

DOB: _____ Sex: _____

Admission date: _____

Last known residential address: _____

Contact phone number: _____

Subject to a:

Mental Health Treatment Order Expiry date of the order: _____

Psychiatric Treatment Order Expiry date of the order: _____

Forensic Psychiatric Treatment Order Expiry date of the order: _____

Community Treatment Order Expiry date of the order: _____

Section 3. DETAILS OF PATIENT'S RISK

Clinical Risk Assessment

Currently suicidal? Yes No If yes, details: _____

Currently at risk of serious self-harm? Yes No If yes, details: _____

Currently Homicidal? Yes No If yes, details: _____

Currently at risk of other violence toward others? Yes No If yes, details: _____

Currently Psychotic? Yes No If yes, details: _____

ESTIMATED LEVEL OF RISK (*tick one*): Moderate High
 Moderate to high Extreme

Additional notes:

Section 4. NEXT OF KINNOK Informed: Yes No, by whom: _____ Date: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Are children involved? Yes No

Who may be at risk? _____

Section 5. DMHU 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

Hair	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
Eyes	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