**FAX MESSAGE**

**TO: ALLIED ADMISSIONS**

**FAX: 01 522 7342**

APPROVED CENTRE:

Contact Person:

Mobile Number:

Landline:

Pages: (incl cover sheet) : Date:

Enclosed with this fax:

Please tick 

* Request for provision of an Assisted Admission □
* Basic Risk Assessment □
* Request for the assistance of An Garda Síochana – where applicable □
* The following statutory forms (select appropriate form)

**Form 1** □ **Form 4** □ **Form 7** □

**Form 2** □ **Form 5** □  **Form 10** □

**Form 3** □ **Form 6** □ **Form 13** □

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**Request for the provision of an Assisted Admission**

**under the Mental Health Act, 2001**

**PLEASE TICK**  **ONE OF THE FOLLOWING**

* **Pursuant to S.13 (2) of the Mental Health Act, 2001 I am requesting the provision of an assisted admission for the removal of** □
* **Pursuant to S.20 of the Mental Health Act, 2001 I am requesting the provision of the assisted admission team for the transfer of** □
* **Pursuant to S.21 of the Mental Health Act, 2001 I am requesting the provision of the assisted admission team for the transfer of** □
* **Pursuant to S.22 of the Mental Health Act, 2001 I am requesting the provision of the assisted admission team for the transfer of** □
* **Pursuant to S.26 of the Mental Health Act, 2001 I am requesting the provision of the assisted admission team for the transfer of** □

* **Pursuant to S.27 of the Mental Health Act, 2001 I am requesting the provision of an assisted admission for the return of** □

**Name:**

**Address:**

**To: Approved Centre**

**Signed:**

**Print Name:**

**Position:**

**Date:**