Information for the psychiatric institution

The information you provide on this form will help the Australian Government Department of Human Services to assess the circumstances of this person’s psychiatric confinement and to make sure they receive correct payments.

Thank you for taking the time to fill in this form. Please return the completed form to us within 14 days of being given this form.

Alternatively you can post it to:
Department of Human Services
Disability Services
Reply paid 7806
CANBERRA BC ACT 2610

If you need more information about completing this form, call us on 132 717.

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1. Customer’s name
   - Mr
   - Mrs
   - Miss
   - Ms
   - Other
   - Family name
   - First given name
   - Second given name

2. Has the customer ever used or been known by any other name (e.g. name at birth, maiden name, previous married name, Aboriginal or tribal name, alias, adoptive name, foster name)?
   - No (Go to next question)
   - Yes (Give details below)

   1. Other name
      - Type of name (e.g. name at birth)

   2. Other name
      - Type of name (e.g. maiden name)

3. Customer’s sex
   - Male
   - Female

4. Customer’s date of birth
   - / /

5. Customer’s Centrelink Reference Number (if known)
   - - - -

6. Date customer admitted to psychiatric institution
   - / /

7. Details of psychiatric institution
   - Name of psychiatric institution
     - Phone number
     - Name of contact person
     - Title/profession of contact person

8. Is the customer serving a term of imprisonment for any crime whether it is the basis for psychiatric confinement or not?
   - No (Go to next question)
   - Yes (Give details below)

   - Date of conviction
     - / /

   - Period of sentence

   - End date
     - / /

   (Go to 13)
9 Why was the customer confined?  
Tick ONE only

Undergoing a period of custody pending trial or sentencing for an offence (mental fitness for trial being assessed) ☐

Found guilty of an offence but no conviction recorded (by reason of mental impairment) ☐

Found unfit for trial (by reason of mental impairment) ☐

Found not guilty (by reason of mental impairment) ☐

Confinement not related to a criminal charge ☐

Give details for reason of confinement indicated above


10 Is the customer confined because of a court order?  
No ☐ Go to next question

Yes ☐ Give details below, not already covered in question 9.


11 Is the customer undertaking a course of rehabilitation as defined below?  

A course of rehabilitation is defined as a planned series of activities, that may include medical and other treatments, directed towards improving the person’s physical, mental and/or social functioning.

No ☐ Go to next question

Yes ☐ Give details below

Period of rehabilitation covered by the plan
From / / To / /

Details of the treatment/rehabilitation plan


12 Details of person responsible for treatment/rehabilitation plan

Full name

Title/profession

Phone number ( )

13 Details of person completing this form if different to question 12

Full name

Title/profession

Phone number ( )

14 Important information for the person completing this form
Privacy and your personal information

Your personal information is protected by law, including the Privacy Act 1988, and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. Your information may be used by the department or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law. You can get more information about the way in which the Department of Human Services will manage your personal information, including our privacy policy at humanservices.gov.au/privacy or by requesting a copy from the department.

15 Signature of person completing this form

Signature Date / /

OFFICE USE ONLY

CSO decision:
Grant ☐ Restore ☐ Continue ☐ Reject ☐ Cancel ☐

Login ID

What to do now:
The decision must be recorded on a DOC on the customer’s record, for example, ‘Customer confined to (name of institution); decision (payment type granted, restored, continued, rejected, cancelled),’ A future review must be set to check if circumstances have changed.