

MENTAL HEALTH ACT, 2012
FIRST SCHEDULE
[Article 3(1)]

Mental Health Act	<p style="text-align: center;">This application shall be submitted to the Commissioner</p> <hr/> <p style="text-align: center;">RFC Ref No:</p>																						
<p>APPLICATION TO RESTRICT FREEDOM OF COMMUNICATION</p>																							
<p>To the Commissioner for the Promotion of Rights of Persons with Mental Disorders</p>																							
<p>To be filled by responsible specialist in mental health</p>	<p>(1) Please approve my request to restrict freedom of communication in respect of:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;">_____</td> <td style="text-align: center; border-bottom: 1px solid black;">_____</td> <td style="text-align: center; border-bottom: 1px solid black;">_____</td> <td style="text-align: center; border-bottom: 1px solid black;">_____</td> <td style="text-align: center; border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="text-align: center;">(Surname)</td> <td style="text-align: center;">(Name)</td> <td style="text-align: center;">(ID No)</td> <td style="text-align: center;">(D.O.B.)</td> <td style="text-align: center;">M / F (Sex)</td> </tr> </table> <p>of (address) _____</p> <p>_____</p> <p>who was admitted at (ward) _____ on (date) _____ as</p> <p><input type="checkbox"/> a voluntary patient</p> <p><input type="checkbox"/> an involuntary patient under an Involuntary Admission for Observation</p> <p><input type="checkbox"/> an involuntary patient under an Involuntary Admission for Treatment Order</p> <p><input type="checkbox"/> an involuntary patient under a Continuing Detention Order</p> <p>(2) Give details of communication to be restricted:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(3) Give reasons for such restriction:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <table style="width: 100%; border: none; margin-top: 20px;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;">_____</td> <td style="text-align: center; border-bottom: 1px solid black;">_____</td> <td style="text-align: center; border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="text-align: center;">(Official Stamp)</td> <td style="text-align: center;">(Signature)</td> <td style="text-align: center;">(Reg. No)</td> </tr> <tr> <td style="text-align: center; border-bottom: 1px solid black;">_____</td> <td style="text-align: center; border-bottom: 1px solid black;">_____</td> <td></td> </tr> <tr> <td style="text-align: center;">(Date)</td> <td style="text-align: center;">(Time)</td> <td></td> </tr> </table>	_____	_____	_____	_____	_____	(Surname)	(Name)	(ID No)	(D.O.B.)	M / F (Sex)	_____	_____	_____	(Official Stamp)	(Signature)	(Reg. No)	_____	_____		(Date)	(Time)	
_____	_____	_____	_____	_____																			
(Surname)	(Name)	(ID No)	(D.O.B.)	M / F (Sex)																			
_____	_____	_____																					
(Official Stamp)	(Signature)	(Reg. No)																					
_____	_____																						
(Date)	(Time)																						

To be filled by Commissioner	Application received on (date) _____ at (time) _____	
	Comments	

<input type="checkbox"/> Request approved	<input type="checkbox"/> Request not approved	
My decision was communicated in writing to the responsible specialist on		
(date) _____		
_____	_____	_____
(Signature)	(Date)	(Time)