

MENTAL HEALTH ACT 1983 – SECTION 6 & 137

To:



Patient Transport Services Ltd

Domiciliary & Nursing Care Provider

112a Shenley Road, Borehamwood, WD6 1EB

T: +44 (0)208 381 6254 • F: +44 (0)208 327 0165

T: +44 (0)208 207 3441 • M: +44 (0)7932 634 240

E: enquiries@vklnursing.co.uk

W: www.vklnursing.co.uk

You are hereby authorised to transfer:-

Name: _____

Address/Hospital: _____

Destination: _____

Hospital admission under Section _____ of the Mental Health Act 1983 / Informal Patient

Risk Assessment & Present Medication: _____

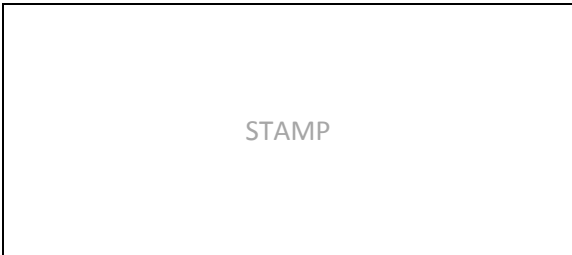
Escort Required: _____ (HCA) _____ (RMN) _____ (RGN)

Signature: _____

Approved Mental Health Professional/Senior Nurse/Matron

Print Name: _____

Date: _____



INVOICE TO: _____

C/C To: _____

IMPORTANT: Please Fill in billing address