

Request for assessment

*Mental Health Act 2000 Queensland
Section 16(a)*

- ◆ The person who makes this request for assessment **must not** be an employee or relative of the person who makes the recommendation for assessment.
- ◆ The request for assessment and recommendation for assessment must be made by **different** persons.

BLOCK LETTERS

Details of person who needs to be assessed

The person who needs to be assessed

Given name/s	Family name	
Also known as		

Do not use patient identification labels

Address where person lives

Provide as much information as possible

Town/suburb	State QLD	Postcode
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Phone No.

Mark applicable box

Date of birth or Age

Male Female Not stated/unknown

PLEASE PRINT

Reasons

Explain in your own words why you believe the person has a mental illness that requires involuntary assessment

NB: **Penalties** apply for giving information the applicant knows is false or misleading (s522)

BLOCK LETTERS

Applicant's details

Your own details

Given name	Family name
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Address

Town/suburb	State QLD	Postcode
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Phone No.

Declaration

I am 18 years of age or over;
I have observed the person within 3 days before making this request; and
I believe the person has a mental illness of a nature, or to an extent, that involuntary assessment is necessary.

Applicant's signature

Signature	Date □□ / □□ / □□□□
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To: administrator, authorised mental health service