



**Queensland
 Government**

Mental Health Act 2016
**Authority to Transport
 Absent Person**

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

Mental Health Act (MHA) 2016, Sections 363–365, 372–382

- This form may be used to authorise the transportation of an absent person to an authorised mental health service (AMHS) or public sector health service facility.
- A police officer requested to act under this form may act alone to transport an absent person to an AMHS or public sector health service facility.
- This form is NOT to be used for a person who absconds while being detained under the emergency examination authority provisions of the *Public Health Act 2005*.

1. Person's details

- Not required if label affixed in top right corner.

Surname:		Given name(s):	
Residential address:			
Town / Suburb:		State:	Postcode:
Date of birth:	Age: or	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex / Indeterminate <input type="checkbox"/> Not stated / unknown	

2. Date and time of absence

Date:	Time (24hr):
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3. MHA status

- A patient may have more than one MHA status at the time of absence.
- For consumers absent while detained for Examination or Assessment this authority expires 3 days after the date the person absconds.

Order or Authority	<input type="checkbox"/> Detained under a Recommendation for assessment	<input type="checkbox"/> Detained for purposes of making Recommendation
	<input type="checkbox"/> Judicial order (including Examination Order)	<input type="checkbox"/> Treatment authority
	<input type="checkbox"/> Treatment support order	<input type="checkbox"/> Forensic Order
	<input type="checkbox"/> Classified patient	
Category (if relevant)	<input type="checkbox"/> Inpatient OR <input type="checkbox"/> Community	
Reason for absence	<input type="checkbox"/> Absconded from detention	<input type="checkbox"/> Failed to / required to return from
	<input type="radio"/> Inpatient mental health unit	<input type="radio"/> Limited Community Treatment (inpatient)
	<input type="radio"/> Emergency Department	<input type="radio"/> Approved temporary absence
	<input type="radio"/> Community mental health facility	<input type="checkbox"/> Community patient
	<input type="radio"/> Non-mental health unit / facility	<input type="radio"/> Failed to attend appointment as required
	<input type="radio"/> While being transported	<input type="radio"/> Category of order / authority changed to inpatient
	<input type="radio"/> Order / Authority made requiring detention	

4. Location the person is to be transported to

- In situations where it is not practicable or reasonable to transport the person to the stated AMHS or public sector health service facility, the person may be transported to the nearest AMHS or public health sector health service facility.

Name of AMHS or public sector health service facility:

5. Authorisation

- If police are being requested to transport the person, reasons must be provided as to why police involvement is required.

Category of authorised person who may transport the person to an AMHS or public sector health service facility (both categories may apply):

- Authorised person other than police (e.g. health practitioner, appointed employee, ambulance officer)
- Police officer (*provide reasons below*)

Reasons why it is necessary for a police officer to act alone to transport the person:

DO NOT WRITE IN THIS BINDING MARGIN

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AUTHORITY TO TRANSPORT ABSENT PERSON



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Date of birth:

Sex: M F I

QCAD Police ID number:

Person has a current *Police and Ambulance Intervention Plan (PAIP)*

6. Assessed level of risk to self and others

Risk factor	Yes	No	Provide context (static, dynamic and protective factors) about identified risks. Consider weapon use, property damage, threats and known victim issues
Suicide	<input type="checkbox"/>	<input type="checkbox"/>	
Self-harm	<input type="checkbox"/>	<input type="checkbox"/>	
Violence (including to police or ambulance officers)	<input type="checkbox"/>	<input type="checkbox"/>	
Aggression	<input type="checkbox"/>	<input type="checkbox"/>	

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Risk factor	Yes	No	Provide context (static, dynamic and protective factors) about identified risks. Consider weapon use, property damage, threats and known victim issues
Vulnerability (e.g. risk of abuse)	<input type="checkbox"/>	<input type="checkbox"/>	

7. Notification of other persons (e.g. victim of crime or other significant person)

- Provide details of victim, victim's family or other person who should be notified.
- If immediate notification is required, the police must be contacted via phone.

It is recommended that police notify the following person(s) of the patient's absence (*specify below*)

Person(s) to be notified:

Reason for notification:

- Has threatened harm to victim, victim's family or other person; **OR**
 May seek / have contact with victim, victim's family or other person (*specify below*)

Details of contact:

8. Address where the person may be located (if known)

Address:

Town / Suburb:

State:

Contact number

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9. Clinical considerations

• Complete all applicable clinical considerations.

Consideration	Details
Active signs of mental illness	
Evidence of intoxication at time of absence	
Other relevant health conditions	
Communication considerations	
History of trauma / abuse	

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10. Identifying details

Height (cm):	Build / Weight:	Complexion:
Eye colour:	Hair colour:	Hair style / length:

Distinguishing features (e.g. tattoos, piercings, facial hair):

11. Additional information

• Include any other relevant information which may assist with locating and / or transporting the person.

12. Actions taken to locate the person

Action	Date	Time (24hr)	Outcome
<input type="checkbox"/> Telephone contact with person			
<input type="checkbox"/> Person home visited			
<input type="checkbox"/> Contact with relative / friend / associate			
<input type="checkbox"/> Other			

If no attempt made, provide reasons:

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13. Nominated support person or other support person details

<input type="checkbox"/> Notified	Date:	Time (24hr):
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• Only complete if person agrees to details being provided to police.

Surname:	Given name(s):
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Address:

Town / Suburb:	State:	Postcode:
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Contact number:	Relationship to person:
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14. Contact details

• For further information, including media related matters.
• Decisions regarding media releases will be made by the Chief Executive, Hospital and Health Service.

Contact name:	Contact number:
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AMHS or public sector health service facility:
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TO: Authorised person or Police

15. Person authorising transportation of absent person

Name:	Designation:
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Contact number:	Signature:	Date:	Time:
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