



Mental Health Act 2016
**Recommendation
for Assessment**

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

The reasons you believe that not providing involuntary treatment for the illness may result in:

- i. imminent serious harm to the person or others; or
- ii. the person suffering serious mental or physical deterioration

The reason you believe that there appears to be no less restrictive way for the person to receive treatment and care for the person's mental illness:

DO NOT WRITE IN THIS BINDING MARGIN

3. Detention for purpose of making recommendation for assessment

- A person may, in specified circumstances, be detained at an authorised mental health service (AMHS) or public sector health service facility for up to one hour to allow a recommendation for assessment to be made.
- This section should only be completed if the doctor or authorised mental health practitioner decided to detain the person to allow this recommendation for assessment to be made.

Details of when detention (to allow recommendation for assessment to be made) was commenced	Date detained:	Time detained (24hr):
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Reasons for detention:



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4. Location of person when recommendation for assessment is made

The person is **not** currently at AMHS or public sector health service facility

The person is currently at an AMHS or public sector health service facility, namely:

5. Declaration

I have examined the person within 7 days preceding this recommendation for assessment and I am satisfied that the treatment criteria may apply to the person and there appears to be no less restrictive way for the person to receive treatment for mental illness.

Name:		Designation:	
Signature:	Contact number:	Date:	Time made (24hr):
Address:		Town / Suburb:	Postcode:

TO: AMHS Administrator

6. Start of assessment period

- A person may be detained at an AMHS or public sector health service facility for up to 24 hours from when the assessment period starts.
- If the **person is at an AMHS or health service facility when the recommendation for assessment is made** (see section 4 above), the assessment period starts when the recommendation is made (i.e. at the date and time recorded in section 5 above).
- If the **person is received at an AMHS or public sector health service facility after the recommendation for assessment is made**, the assessment period starts when the person first attends the AMHS or health service facility for the assessment. A health service employee must record the date and time the person attends below.

Name of AMHS or public sector health service facility:		Date received:	Time received (24hr):
Name:	Designation:	Signature:	Date:

7. Extension of assessment period

- An authorised doctor may extend the assessment period for not more than 72 hours after the start time if necessary to complete the assessment.

Extension	Expiry date	Expiry time (24hr)	Extended by (name)	Signature	Date	Time (24hr)
<input type="checkbox"/> Ext 1						
<input type="checkbox"/> Ext 2						

8. Treatment authority not made by authorised doctor

Reasons why treatment authority was not made:

One or more of the treatment criteria do not apply (*provide reasons*)

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**Queensland
Government**

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Sex: M F I

There is a less restrictive way for the person to receive treatment and care (*provide reasons*)

Name of AMHS or public sector health service facility:

Name:

Designation:

Signature:

Date:

Time:

TO: AMHS Administrator

DO NOT WRITE IN THIS BINDING MARGIN