Queensland Government

Mental Health Act 2016

Patient Transfer

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

Mental Health Act (MHA) 2016, Sections 351, 352

- Administrators of authorised mental health services (AMHS) may agree to transfer the responsibility for a patient between services.
- The approval of the Chief Psychiatrist is required for the transfer:
  - » of a forensic patient;
  - » of a patient subject to a judicial order;
  - » to a high security unit if the patient is subject to a treatment authority and is not a classified patient;
  - » to a high security unit if the patient is a minor.
- The Chief Psychiatrist must be notified of the transfer of a classified patient.
- In addition, the Chief Psychiatrist may direct the transfer of a patient between services.

1. Person's details

- Not required if patient label affixed in top right corner.

Surname:	Given name(s):	
Residential address:		
Town / Suburb:	State:	Postcode:
Date of birth: or age:	Sex: ☐ Male ☐ Female ☐ Intersex / Indeterminate ☐ Not stated / unknown	

2. MHA status

- More than one may apply.

☐ Treatment authority ☐ Forensic order ☐ Treatment support order ☐ Classified patient ☐ Judicial order
☐ Detained under a recommendation for assessment

Category (if relevant): ☐ Inpatient ☐ Community

3. Transfer details

Treating AMHS contact name:	Designation:	Contact number:
Receiving AMHS contact name:	Designation:	Contact number:
Proposed date of transfer:		

4. Treating AMHS approval

- Must be approved by AMHS Administrator or delegate.

Name:	Designation:	Signature:	Date:
AMHS address:	Town / Suburb:		Postcode:

5. Receiving AMHS approval

- Must be approved by AMHS Administrator or delegate.

Name:	Designation:	Signature:	Date:
AMHS address:	Town / Suburb:		Postcode:
Date of actual transfer:			

TO: Administrator, Treating AMHS

Administrator, Receiving AMHS
Chief Psychiatrist – if Chief Psychiatrist approval is required or the person is subject to Chapter 4, Part 2 or 3 (Psychiatrist Reports)
Mental Health Review Tribunal (except if the person is detained for assessment)
Mental Health Court, if a reference is before the Court

DO NOT WRITE IN THIS BINDING MARGIN

PATIENT TRANSFER

v1.00 - 01/2017
SW757

Queensland Government

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Patient Transfer

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

6. Chief Psychiatrist approval

• Agreement between the Treating AMHS and the Receiving AMHS must be obtained prior to seeking Chief Psychiatrist approval.

Name:	Signature:	Date:

7. Chief Psychiatrist direction

I direct the transfer of responsibility for the patient.

Name:	Signature:	Date:

TO: Administrator, Treating AMHS
Administrator, Receiving AMHS
Mental Health Review Tribunal (except if the person is detained for assessment)
If there is a current reference to the Mental Health Court – the Mental Health Court

DO NOT WRITE IN THIS BINDING MARGIN