



**Queensland
 Government**

Mental Health Act 2016

**Custodian Consent
 (Classified Patient)**

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

Mental Health Act (MHA) 2016, Sections 71, 74, 617

- A custodian may consent to a person in custody subject to a recommendation for assessment or a *Transfer Recommendation* being transported to an inpatient unit of an authorised mental health service (AMHS) for assessment, treatment and care as a classified patient.
- Also, a custodian may consent to a person in an AMHS subject to a *Transfer Recommendation* remaining in the AMHS for treatment and care as a classified patient.
- An *Administrator Consent* is also required for the transfer to take place or for the person to remain in the AMHS.

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: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex / Indeterminate <input type="checkbox"/> Not stated / unknown	

2. Corrective services facility / watchhouse / detention centre details

Name of facility:		
Facility address:	Town / Suburb:	Postcode:
Contact person:	Designation:	Contact number:

• Custodian must complete schedule and / or attach copy of Verdict and Judgment Record.

3. Consent to transport or remain in AMHS

- The custodian **must** consent to the person being transported or remaining in the AMHS unless the custodian is satisfied it would pose an unreasonable risk to the safety of the person or others having regard to the security requirements of the person.

I consent to the person being transported to, or remaining in the AMHS, for admission as a classified patient.

Name of AMHS:			
Name:	Designation:	Signature:	Date:

TO: AMHS Administrator

4. Notification of classified patient status

- To be completed by AMHS Administrator

Date admitted:	Name:	Signature:	Date:
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TO: Chief Psychiatrist

If the AMHS is a high security unit and the patient is a young patient, the Mental Health Review Tribunal

5. Acknowledgement of Chief Psychiatrist

The above information is noted.

Name:	Signature:	Date:
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- To be sent to Chief Executive for Justice only if the person is in custody as a result of being charged with an offence.

6. Acknowledgement of Chief Executive for Justice

Name:	Signature:	Date:
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TO: Registrar of court for the proceedings

Prosecuting authority for the offence

If the person is a child (under the *Youth Justice Act 1992*), the Chief Executive (Youth Justice)

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CUSTODIAN CONSENT (CLASSIFIED PATIENT)



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Given name(s):

Address:

Date of birth:

Sex: M F I

7. Schedule

Details of charge(s)

Charge	Appearance date	Court	Court file number / indictment date

Details of sentence(s)

Offence	Date sentenced	Sentence	Expected discharge date

Details of other type of lawful custody

Legislation	Relevant information

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