



**Queensland  
Government**

Mental Health Act 2016

## Order / Authority Amendment

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

### **Mental Health Act (MHA) 2016, Sections 57, 204–219**

- An amendment to an authority or order must not change or be contrary to a decision or condition set by the Mental Health Court or the Mental Health Review Tribunal.
- However, a category may be changed to inpatient, contrary to a Court or Tribunal decision, if there has been a material change in the patient's mental state and the patient requires urgent treatment as an inpatient. The Tribunal must then review the authority or order.
- Limited community treatment (LCT) for classified patients or patients subject to judicial orders or forensic orders (Criminal Code) must be approved by the Chief Psychiatrist.
- A patient can only have one Order / Authority Amendment form at any given time (i.e. the category, conditions and, where relevant, LCT under the authority or order must be reflected on this form).

### **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. MHA status**

- Please note that one or more status may apply.

Forensic order  Treatment support order  Treatment authority  Judicial order  Classified patient

### **3. Category of order or authority**

- This section does not apply for classified patients and patients subject to judicial orders or forensic order (Criminal Code).

The category of the authority or order is changed to:  Inpatient  Community

### **4. Conditions of order or authority**

The following conditions are ordered by the **Court or Tribunal**:

The following conditions are authorised / amended by the **Doctor**:

### **5. Limited community treatment – conditions**

- These conditions only apply if the patient is on an inpatient category.

The following conditions are ordered by the **Court or Tribunal**:

DO NOT WRITE IN THIS BINDING MARGIN

v3.00 - 07/2018



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**6. Limited community treatment – authorisation by the doctor**

- A person subject to a forensic order or treatment support order can only be authorised to have LCT if it is approved by Mental Health Court or Mental Health Review Tribunal.
- A classified patient or person subject to a judicial order or forensic order (Criminal Code) can only be authorised to have LCT if it is approved by the Chief Psychiatrist.
- All LCT types that are authorised must be provided on this form.
- A single episode of LCT cannot be more than 7 consecutive days.

Is LCT authorised?  Yes (complete details below)  No

Duration of authorisation (inclusive)

Start date:

End date:

The following conditions are authorised by the **Doctor**:

LCT authorised (more than one type can be authorised)		Conditions / Details associated with authorised level of LCT (include timeframes / hours)
ON GROUNDS	<input type="checkbox"/> Escorted	
	<input type="checkbox"/> Supervised	
	<input type="checkbox"/> Unescorted and unsupervised	
OFF GROUNDS	<input type="checkbox"/> Escorted	
	<input type="checkbox"/> Supervised	
	<input type="checkbox"/> Unescorted and unsupervised	
OVERNIGHT	<input type="checkbox"/> Supervised	
	<input type="checkbox"/> Unescorted and unsupervised	

**Requirements before LCT is accessed:**

- Access to LCT is subject to a health practitioner assessment that LCT is appropriate having regard to the patient's mental state
- LCT conditions and consequences of non-compliance to be discussed with the patient prior to accessing LCT
- Other - specify: .....

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**Actions to be taken if LCT conditions not adhered to:**

**7. Authorised doctor's details**

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

**8. Limited community treatment verification (required for forensic, classified and judicial order patients)**

- To be completed by someone external to the treating team (as nominated by the AMHS Administrator).
- Verification of the approval / order is required prior to the patient leaving the AMHS.

**LCT has been authorised / ordered by:** (tick relevant box)

- Mental Health Court      Date of authorisation / order: .....
- Mental Health Review Tribunal      Date of authorisation / order: .....
- Chief Psychiatrist      Date of approval: .....

**The authorisation is not contrary to the approval/order of the Mental Health Court, Mental Health Review Tribunal or Chief Psychiatrist.**

Name:		Designation:	
Signature:	Contact number:	Date:	

- Details of actual LCT taken must be recorded on Limited Community Treatment Access and Return form.

**TO: AMHS Administrator**

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