



**Queensland  
Government**

Mental Health Act 2016

# Outcome of Examination Under an Examination Authority

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

### Mental Health Act (MHA) 2016, Section 31

- A doctor or authorised mental health practitioner may examine a person under an examination authority to decide whether to make a recommendation for assessment for the person.
- The doctor or health practitioner's examination must be within 7 days after the examination authority is made.
- The examination may be made at an authorised mental health service (AMHS), a public sector health service facility or another place.
- The person may be detained:
  - if the person is examined at an AMHS or public sector health service facility, for not more than 6 hours from when the person first attends the service or facility for the examination; or
  - if the person is examined at another place, for not more than 1 hour from when the person is located at the place.

### 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. Examination authority details

Date examination authority was made by the Mental Health Review Tribunal: .....

### 3. Details of examination

The person was examined at:

An AMHS

A public sector health service facility

Another place (specify): .....

The examination commenced at – Date: ..... Time (24hr): .....

As a result of the examination:

A recommendation for assessment was made

A recommendation for assessment was not made (*provide reasons*)

DO NOT WRITE IN THIS BINDING MARGIN

V1.00 - 01/2017



SW787

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**4. Examination not undertaken**

- Provide the reason(s) the examination was not undertaken.

Large empty box for providing reasons for examination not undertaken.

**5. Doctor or authorised mental health practitioner details**

Name:	Designation:	
Signature:	Contact number:	Date:
Address:	Town / Suburb:	Postcode:

**TO: AMHS Administrator**

DO NOT WRITE IN THIS BINDING MARGIN