Mental Health Act 2016

Outcome of Examination
Under an Examination Authority

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Contact: MHA2016@health.qld.gov.au

<table>
<thead>
<tr>
<th>Mental Health Act (MHA) 2016, Section 31</th>
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<tbody>
<tr>
<td>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.</td>
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<td>The doctor or health practitioner’s examination must be within 7 days after the examination authority is made.</td>
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<tr>
<td>The examination may be made at an authorised mental health service (AMHS), a public sector health service facility or another place.</td>
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<td>The person may be detained:</td>
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<tr>
<td>• 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</td>
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<tr>
<td>• if the person is examined at another place, for not more than 1 hour from when the person is located at the place.</td>
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</tbody>
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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:  
Sex:  
[ ] Male  [ ] Female  [ ] Intersex / Indeterminate  [ ] 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)
4. Examination not undertaken

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

5. Doctor or authorised mental health practitioner details

<table>
<thead>
<tr>
<th>Name:</th>
<th>Designation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature:</td>
<td>Contact number:</td>
</tr>
<tr>
<td>Address:</td>
<td>Town / Suburb:</td>
</tr>
</tbody>
</table>

TO: AMHS Administrator