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Mental Health Act (MHA) 2016, Sections 177, 178

• A Magistrate may order that a person charged with a simple offence undergo an involuntary examination by an authorised doctor at an authorised mental health service (AMHS) or public sector health service facility.

1. Person's details

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. Details of decision

In relation to the person charged with a simple offence:

Select one

I have dismissed the complaint due to the person being or appearing to have been of unsound of mind

I have dismissed the complaint due to the person being unfit for trial

I have adjourned the hearing due to the person being unfit for trial but likely to become fit within 6 months

I am reasonably satisfied that the person would benefit from an examination by an authorised doctor

Select one

I am reasonably satisfied that the person has a mental illness

I am unable to decide if the person has a mental illness or other mental condition

3. Directions relating to the Examination Order

- If the person is to be transported to or from a corrective services facility an authorised person includes a corrective services officer.
- If the person is to be transported to or from a youth detention centre, an authorised person includes a youth detention centre employee.
- If making a direction to attend at a stated time, the days must not be more than 28 days after the date the order is made.

I hereby direct that:

The person be transported immediately to an inpatient unit of AMHS by an authorised person

OR

The person attend at the AMHS or public sector health service facility as stated in this order within days after this order was made

4. Details of the AMHS or public sector health service facility

Name of AMHS or public sector health service facility:

Address:

Town / Suburb:	State:	Postcode:	Contact number:
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5. Signature of the Magistrate

Print name:	Signature:	Date:
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TO: AMHS Administrator or person in charge of public sector health service facility

OFFICE USE ONLY

Examining authorised doctor:

Name:	Designation:	Signature:	Date:	Time (24 hr):
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Outcome of examination:

Treatment authority made

Recommendation for treatment or care as a voluntary patient

Person does not require treatment and care

Person is already subject to a treatment authority, treatment support order or forensic order and the nature and extent of the treatment and care under the authority or order has been reviewed

NOTE: The authorised doctor must also prepare an Examination Report.

TO: AMHS Administrator

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