



**Queensland  
Government**

Mental Health Act 2016

# Revocation of Recommendation for Assessment

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

## Mental Health Act (MHA) 2016, Section 42

- A doctor or authorised mental health practitioner who makes a recommendation for assessment may revoke the recommendation at any time before the assessment is commenced.

### 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. Revocation of recommendation for assessment

- Provide details of recommendation for assessment and reasons that the recommendation is revoked.

A recommendation for assessment was made by me on – Date: .....

The recommendation for assessment is revoked for the following reasons:

- One or more of the treatment criteria do not apply (*provide reasons*)

DO NOT WRITE IN THIS BINDING MARGIN

V1.00 - 01/2017



SW768

REVOCATION OF RECOMMENDATION FOR ASSESSMENT



**Queensland  
Government**

Mental Health Act 2016

**Revocation of Recommendation  
for Assessment**

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

There is a less restrictive way for the person to receive treatment and care (*provide reasons*)

Large empty text area for providing reasons.

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

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

**TO: AMHS Administrator**

DO NOT WRITE IN THIS BINDING MARGIN