Revocation of Recommendation for Assessment

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: 
or 
Age: 
Sex: ☐ Male ☐ Female ☐ Intersex / Indeterminate ☐ 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)
3. Doctor or authorised mental health practitioner details

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