



**Queensland
 Government**

Mental Health Act 2016
Patient Transfer

(Affix identification label here)

URN:
 Family name:
 Given name(s):
 Address:
 Date of birth: Sex: M F I

Mental Health Act (MHA) 2016, Sections 351, 352

- Administrators of authorised mental health services (AMHS) may agree to transfer the responsibility for a patient between services.
- The approval of the Chief Psychiatrist is required for the transfer:
 - » of a forensic patient;
 - » of a patient subject to a judicial order;
 - » to a high security unit if the patient is subject to a treatment authority and is not a classified patient;
 - » to a high security unit if the patient is a minor.
- The Chief Psychiatrist must be notified of the transfer of a classified patient.
- In addition, the Chief Psychiatrist may direct the transfer of a patient between services.

1. Person's details

• Not required if patient label affixed in top right corner.

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. MHA status

• More than one may apply.

Treatment authority
 Forensic order
 Treatment support order
 Classified patient
 Judicial order
 Detained under a recommendation for assessment
 Category (if relevant): Inpatient Community

3. Transfer details

Treating AMHS contact name:	Designation:	Contact number:
Receiving AMHS contact name:	Designation:	Contact number:
Proposed date of transfer:		

4. Treating AMHS approval

• Must be approved by AMHS Administrator or delegate.

Name:	Designation:	Signature:	Date:
AMHS address:		Town / Suburb:	Postcode:

5. Receiving AMHS approval

• Must be approved by AMHS Administrator or delegate.

Name:	Designation:	Signature:	Date:
AMHS address:		Town / Suburb:	Postcode:

Date of actual transfer:

TO: Administrator, Treating AMHS
Administrator, Receiving AMHS
Chief Psychiatrist – if Chief Psychiatrist approval is required or the person is subject to Chapter 4, Part 2 or 3 (Psychiatrist Reports)
Mental Health Review Tribunal (except if the person is detained for assessment)
Mental Health Court, if a reference is before the Court

DO NOT WRITE IN THIS BINDING MARGIN

v1.00 - 01/2017



SW757

PATIENT TRANSFER



**Queensland
Government**

Mental Health Act 2016

Patient Transfer

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

6. Chief Psychiatrist approval

• Agreement between the Treating AMHS and the Receiving AMHS must be obtained prior to seeking Chief Psychiatrist approval.

Name:	Signature:	Date:
-------	------------	-------

7. Chief Psychiatrist direction

I direct the transfer of responsibility for the patient.

Name:	Signature:	Date:
-------	------------	-------

TO: Administrator, Treating AMHS
Administrator, Receiving AMHS
Mental Health Review Tribunal (except if the person is detained for assessment)
If there is a current reference to the Mental Health Court – the Mental Health Court

DO NOT WRITE IN THIS BINDING MARGIN