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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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