**Attachment 1 - Flowchart 1 - Transport for assessment**

Appplies to person in custody and subject to Recommendation for Assessment

Doctor or AMHP makes **Recommendation for Assessment** and sends (via CIMHA/email) to:
- relevant AMHS
- Statewide coordinator – Classified Patients

Correspondence must include collateral material

**Recommendation for Assessment** must be made in or uploaded to CIMHA and details recorded in a **Classified Patient Initiation Activity** clinical note in CIMHA

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**Referral to HSIS (must consider):**
- nature of offence
- criminal history
- treatment, care and security requirements
- risk profile and issues
- community safety.

**Referral to other AMHS (hierarchically based on):**
- Fitness to travel
- open service episode
- locality the person resides
- recent or strong treatment links
- location of court matters, community supports, geographic distance to AMHS

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If the patient is a minor, CP consent for HSIS admission is required.
- HSIS Administrator to email CP (include advice re bed availability) the **Administrator Consent Form**
- CP must provide written consent or not on the **Administrator Consent Form** to HSIS administrator

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If not approved by CP, another AMHS will need to be identified by referring service.

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Administrator (or delegate) must respond to the referral within 72 hours of receiving paperwork:

**Consent provided**
Transfer can occur ASAP

**Consent provided pending bed availability**
Transfer can occur within 72 hours or when agreed as clinically appropriate

**Consent not provided**
Transfer unable to occur within 72 hours

Escalation to the Chief Psychiatrist

Chief Psychiatrist may convene meeting of the Classified Patient Committee

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**Referring service to:**
- obtain Custodian Consent for transfer (upload on CIMHA) and
- organise authorised persons for transport

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*Chief Psychiatrist Practice Guidelines*
*Classified Patients*
*Effective: 19 December 2017*