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Queensland Government

Involuntary Patient and Voluntary High Risk Patient Summary

Facility: ....

(Affix identification label here)

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

- This form provides key information relating to involuntary patient and voluntary high risk patients.
- This form is to be kept on the patient's clinical file for all patients subject to a forensic order, treatment support order, treatment authority, classified patients, and voluntary patients whose risk profile is assessed as high by their treating team.
- The details contained on this forms are to be checked at minimum every three months or when a patient's circumstances change.
- The form must be updated as new information becomes available or when changes are made to the patients care plan, category of order/authority, conditions of order/authority and limited community treatment conditions.

1. Person's details

Surname:	Given name(s):		
Residential address:			
Town / Suburb:		State:	Post Code:
Phone Number:			
Date of birth: / / or age: ………………….	Sex: ☐ Male ☐ Female ☐ Intersex / Indeterminate ☐ Not stated / unknown		
Height:	Build/Weight:		
Complexion:	Hair:		
Eye Colour:	Indigenous status:		
Distinguishing features (e.g. Tattoos):			
Diagnosis:			

2. Mental Health Act status

- Mark all applicable boxes – more than one may apply.

Authorised mental health service:

Order or Authority	☐ Treatment authority	☐ Treatment support order	☐ Forensic Order (Mental Health)	☐ Forensic Order (Disability)
	☐ Forensic Order (Criminal Code)	☐ Classified Patient	☐ N/A (Voluntary)	
Category (if relevant)	☐ Inpatient *or*	☐ Community		

3. Contact person

- Contact person includes nominated support person, attorney, guardian or other support person.

Surname:	Given name(s):	
Address:		
Town / Suburb:	State:	Postcode:
Contact number:	Relationship to person:	

4. Treating team details

Case Manager:	Psychiatrist:
Address:	Phone:
	Email:
After hours team:	Phone:
	Email:

5. Reports

☐ Current care plan ☐ Current risk screen ☐ CFOS

6. Assessed risk to others

- Mark all applicable boxes – more than one may apply.

☐ No known history of violence
☐ History of violence *specify:*
☐ History of weapon use *specify:*
☐ Known violence toward staff *specify:*
☐ Known violence toward police *specify:*
☐ Past major property damage *specify:*
☐ Additional risk alerts (include behaviours of concern) *specify:*

DO NOT WRITE IN THIS BINDING MARGIN

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SW694

INVOLUNTARY PATIENT AND VOLUNTARY HIGH RISK PATIENT SUMMARY

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7. Victims, victims family or other person

- Mark all applicable boxes – more than one may apply.

☐ Has threatened harm to victim, victims family or other person
☐ May attempt to contact victim
Specify:

8. Assessed risk to self

☐ Past history *specify:*

9. Additional information

For patients subject to a forensic, treatment support order and classified patients provide:
- History of offending, include outstanding charges, prison history etc.
- Additional risk concerns e.g. alcohol or drug use, non-compliance with medication, anger, impulsivity etc.
- Access or ownership of a motor vehicle, access to bank accounts or access to passport

Brief summary of index offence:

Date of last MHRT/MHC hearing: / /
Conditions of Limited Community Treatment:

Chap 4, Pt 2 or Pt 3:

Additional offending history:

Additional relevant information:

10. Other considerations

☐ Requires medication
☐ Any other relevant health problems *specify:*
☐ Have there been any recent significant life events *specify:*
☐ Communication issues *specify:*
☐ Any other services/cultural support *specify:*

11. Absent without approval

Actions to be taken in the event of absence without approval (include possible site or address where they maybe found):

11. Completed by

- Staff member completing form

Signature:	Name:
	Designation:
	Date: / /

Date of next update
No later than three months from when this form is completed Date: / /

Date of next photograph
Annually for forensic/classified patients Date: / /

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