

Request for assessment

*Mental Health Act 2000 Queensland
Section 16(a)*

The person who makes this request for assessment **must not** be an employee or relative of the person who makes the recommendation for assessment.
The request for assessment and recommendation for assessment must be made by **different** persons.

BLOCK LETTERS

Details of person who needs to be assessed

The person who needs to be assessed

| | |
|---------------|-------------|
| Given name/s | Family name |
| Also known as | |

Do not use patient identification labels

Address where person lives

| | | |
|-------------|-----------|----------|
| Town/suburb | State QLD | Postcode |
|-------------|-----------|----------|

Provide as much information as possible

Phone No.

Date of birth or Age

Mark applicable box

Male Female Not stated/unknown

PLEASE PRINT

Reasons

Explain in your own

BLOCK LETTERS

Applicant's details

Your own details

| | |
|------------|-------------|
| Given name | Family name |
|------------|-------------|

Address

| | | |
|-------------|-----------|----------|
| Town/suburb | State QLD | Postcode |
|-------------|-----------|----------|

Phone No.

Declaration

I am 18 years of age or over;
I have observed the person within 3 days before making this request; and
I believe the person has a mental illness of a nature, or to an extent, that involuntary assessment is necessary.

Applicant's signature

| | |
|-----------|--|
| Signature | Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|-----------|--|

To: administrator, authorised mental health service