

Mental Health Act 1986

Sections 16(2)(b), 16A(1)(b) & 17(2)(b)

Local Hospital Patient Number:

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Family Name: _____

Given Names: _____

Date of Birth: _____ Sex: _____

Alias: _____

Mental Health Statewide Patient Number

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REPORT OF AUTHORISED PSYCHIATRIST

Notes to completing this form

The authorised psychiatrist of the approved mental health service where it is proposed to transfer the person must complete this certificate if he/she agrees to the transfer.

This certificate should be sent to:

- The Secretary, Department of Justice if the person is in custody in a prison.
- The Secretary, Department of Human Services if the person is detained in a remand centre, youth residential centre or youth training centre.
- The Chief Commissioner of Police if the person is serving a sentence of imprisonment in a police goal or is being held in police custody on the order of a court.

A person detained in a prison under section 93A(7) of the **Sentencing Act 1991** (a hospital security order) must be transferred under section 16A.

A person detained in a prison under the **Crimes (Mental Impairment and Unfitness to be Tried) Act 1997** must be transferred as a forensic patient.

_____ GIVEN NAME/S _____ FAMILY NAME (BLOCK LETTERS) of person detained in custody

of: _____ place of custody

- imprisoned or detained in a prison or other place of confinement.
- serving a sentence in a prison under section 93A(7) **Sentencing Act 1991**.
- detained in a prison under the **Crimes (Mental Impairment and Unfitness to be Tried) Act 1997** (whether on remand or under a supervision order made under that Act).

(please cross one option only)

(1) I have read the certificate of Dr _____ dated:

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 concerning the abovenamed person.

(2) I recommend that the person be transferred for treatment to: _____ name of approved mental health service

_____ address of approved mental health service

- (3) I recommend that the person be transferred as:
- a security patient under section 16(3)(b) of the **Mental Health Act 1986** under a restricted hospital transfer order.
- OR**
- a security patient under section 16A(1) of the **Mental Health Act 1986** under a hospital security order.
- OR**
- an involuntary patient under section 16(3)(a) of the **Mental Health Act 1986** under a hospital transfer order.
- OR**
- a forensic patient under section 17(1) of the **Mental Health Act 1986**.

(please cross one option only)

(4) There are facilities or services available at the approved mental health service for the treatment of the person.

(5) Additional comments: _____

I am the * delegated/authorised psychiatrist of the abovenamed approved mental health service.

_____ GIVEN NAME/S _____ FAMILY NAME (BLOCK LETTERS) of * delegated / authorised psychiatrist

Signed: _____ Date:

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NEXT STEPS

1. Both this **Report of Authorised Psychiatrist (MHA 35)** and the **Certificate of Psychiatrist (MHA 34)** must be sent to the Secretary to the Department of Justice/Secretary to the Department of Human Services/Chief Commissioner of Police (as the case may be) for consideration.
2. The Secretary to the Department of Justice/Secretary to the Department of Human Services/Chief Commissioner of Police (as the case may be) may transfer the person to the approved mental health service under section 16, 16A or 17 of the **Mental Health Act 1986** (as the case requires).

* delete as necessary