





Treatment Authority (TA) self-report - your views

Name:	
Date of birth:	
Date of hearing:	AMHS:
Do you identify as any of the following?	 <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>
Here is some space for you to identify any cultural, religious, or spiritual beliefs you would like the MHRT to know about.	
Use this space to tell the MHRT about yourself. <i>For example, hobbies, work, study, how you spend your time, accommodation matters.</i>	
Are there people in your life who have helped you in the past or could help you in the future if you were going through a tough time? Maybe you would like to describe how they help you. <i>For example, doctors, friends, family, support groups.</i>	
What do you do to help you feel your best, physically and mentally? <i>For example, seeing a GP, psychologist, getting enough sleep, spending time with family, working, going for a walk, going to the gym.</i>	
Do you believe that you might have a mental illness? Could you describe how you are feeling right now? <i>For example, stressed, angry, depressed, frightened, nothing.</i>	
What do you think about your current treatment? What has helped you in the past?	

<p>Could you describe any risks to yourself or others if you were not receiving treatment?</p>
<p>What supports do you have in place to make sure you take your medication? <i>For example, alarm, Webster-pak, somebody to remind you.</i></p>
<p>If you were making your own decisions about your mental health care, what type of treatment would you choose? <i>For example, community, inpatient, no treatment.</i></p>
<p>Here is some space if you would like to share anything else with the MHRT. <i>For example, what result you would like from the hearing, goals, plans, comments or questions about your doctor's report, progress you have made in your recovery etc. You can write or draw in the space below if you would like. Feel free to attach extra pages if more room is required.</i></p>
<p>Signature:</p>
<p>Date:</p>

- Tick here if you do not want the information in your report to be discussed or shared with your treating team. Please note that the MHRT may still order the release of the information.

Once you have filled in this form, you can:

Email it to: MHRT.Enquiry@mhrt.qld.gov.au,

Post it to: PO Box 15818, CITY EAST, QLD, 4002

You can also bring it with you to your hearing if you wish.

If you provide your self-report to the MHRT, the MHRT will also provide it to your legal representative (if one is engaged).

It will only be used for the purpose of this hearing.

