



## Self Report to the Mental Health Review Tribunal

Mental Health Act 2016

Form: F-15-v2

Your treating team will prepare a clinical report for your Mental Health Review Tribunal hearing BUT the Tribunal would also like to know your views. You may use this form to help you prepare a report for your Tribunal hearing. The Tribunal will use this information in making their decision. You may post, fax or email this to the Tribunal, or bring it with you to your hearing. You can send this report to the Tribunal even if you do not want to attend your hearing in person. You can give information to the Tribunal in other ways such as a letter, or by talking to the Tribunal at your hearing.

Your details		
Given name/s	Family name	
Date of birth		
Below are some		
suggestions of what		
you might like to write about		
Your treating team     believe that you have     a mental illness. What     do you think?		
Do you think you can make your own decisions regarding your mental health care?		
If your current mental health care treatment stopped, how do you think this would affect your health and wellbeing?		
Do you think that by not receiving treatment you may be at risk of harm to yourself or to other people?		
Do you have people in your life that provide support to you? Who are they and what are the ways they support you?		



•	If the treating team			
	believe you do not			
	have the capacity to			
	make your own			
	decisions, is there someone who could			
	consent to treatment			
	on your behalf?			
	on your bonair.			
•	What do you do to			
	maintain good mental			
	health?			
•	How do you spend			
	your time (e.g. paid or			
	voluntary work, studying, sports,			
	family time, hobbies,			
	activities, interests)?			
	,			
•	How do you deal with			
	stress, particularly if it			
	impacts your mental			
	health?			
•	What do you think			
	about the treatment you are receiving? Do			
	you discuss your			
	views, wishes and			
	preferences about			
	your treatment with			
	your doctor?			
•	Is there anything in			
	your doctor's report that you would like to			
	discuss or disagree			
	with?			
•	Is there anything else			
	you think is relevant			
	for the Tribunal to			
	consider?			
	Please sign your report:			

Thank you for completing this report. Please return it to the Tribunal by one of the following methods:

Date

Post to: MHRT, PO Box 15818, City East, Brisbane, QLD, 4002

Fax to: 07 3234 1540

Signature

Email to: <a href="mailto:enquiry@mhrt.qld.gov.au">enquiry@mhrt.qld.gov.au</a>
OR bring this form with you to your hearing