



Department of Health

Please use ID label or block print

SURNAME	UMRN
GIVEN NAMES	CMHI
BIRTHDATE	SEX
ADDRESS	

NB: THIS IS NOT A LEGAL FORM

REQUEST FOR A FURTHER OPINION

REQUEST:

Date of request for Further Opinion: DD MM YY

Date patient seen for Further Opinion: DD MM YY

Place where examination occurred:

This Further Opinion pursuant to s.182 (2) of the Mental Health Act 2014 has been requested by:

- Patient Name
- Personal Support Person (Family/Carer)
- Nominated Person
- Chief Psychiatrist
- Mental Health Advocacy Service

Treating Psychiatrist: _____ Service: _____

Desired outcome of Further Opinion (from person making request):

- Review of Diagnosis Review of Treatment (including medication)
 - Review of continuation order for CTO via further opinion.
- (NB - Reviews for MHA status are to be referred to Mental Health Tribunal.)

Reason/s for requesting a further opinion (As at time of examination):

Advanced Health Directive (tick applicable): Yes No Unknown

Interpreter required: Yes No

Interviews (tick all applicable):

Patient Personal Support Person Treating Psychiatrist

Other (describe) _____

Other source of information: _____

Limitations to available information: _____

Patient is seeking a further opinion from:

- A psychiatrist within the same health service site
- A Psychiatrist from a different site but within the same health service
- A Psychiatrist from a different health service
- A private Psychiatrist

FURTHER OPINION REQUEST

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REPORT:

Opinion and Recommendations: *(Please write in plain English)*

(Please attached additional pages to Opinion and Recommendations section if required)

Signature: _____

Name of Psychiatrist: _____

Qualifications: _____

Date of writing opinion: DD MM YY Private Public Service: _____

Modality: In person VC Opinion Duration : _____ Travel Time: _____

REFUSAL OF A FURTHER OPINION

Pursant to S.183 of the *Mental Health Act 2014*

A psychiatrist must document and provide to the Chief Psychiatrist the reasons for refusing a Further Opinion. The refusal of a Further Opinion Notification Form can be found on the Chief Psychiatrist's [website](#).

Copies required (tick when complete):	Date
<input type="checkbox"/> Patient (mandatory)	
<input type="checkbox"/> Treating Psychiatrist(mandatory)	
<input type="checkbox"/> File in patient's medical record (mandatory)	
<input type="checkbox"/> Mental Health Advocacy Service (if applicable)	
<input type="checkbox"/> Chief Psychiatrist (if applicable)	
<input type="checkbox"/> Other (if applicable – describe) _____	