

# SELF REPORT FORM



The Mental Health Review Tribunal conducts hearings for people receiving treatment under the *Mental Health Act 2007*. The Tribunal would like to hear what you think about your treatment and to know your views about your hearing.

The Tribunal encourages you to attend your hearing (in person, by video or by phone) and speak directly to the panel. This form can also be completed and submitted so that the Tribunal can refer to this information in making any decisions.

You are not required to complete this form however it can be helpful to write down your thoughts and refer to these notes in the hearing. If you have a support person or representative, you can ask them to help you to complete it.

*IMPORTANT NOTE: If you change your mind about this form, you or your lawyer can say so at the hearing and the Tribunal will not consider it in their decision-making.*

Name:	
Address:	
Date of birth:	Hearing Date:

Guide	Your thoughts
How do you feel about the order that is being sought today?	
What end result would you like to see from this hearing?	
Do you have any comments about your treatment?	

Thank you for completing this form. You can either bring it with you to the hearing or, if you would like the panel to be able to read it, please email it to [mhrt-mhrt@health.nsw.gov.au](mailto:mhrt-mhrt@health.nsw.gov.au) or post it to **PO Box 247 Gladesville NSW 1675**.

Name:	
Guide	Your thoughts
Is there anything you would like to discuss at the hearing which would help your current situation?	
Would you like to describe your plans for the future?	
Do you have any comments about the progress you have made with your recovery?	
Any other comments or reflections that you feel will assist the panel to make a decision?	
Signature:	Date:

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