



Treatment Authority (TA) self-report - your views

Name: Anne Lynette Miles

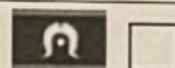
Date of birth: 4th December 1964

Date of hearing: TBC

AMHS:

Do you identify as any of the following?

NO



Here is some space for you to identify any cultural, religious, or spiritual beliefs you would like the MHRT to know about.

See the provided document AMiles_Treatment Authority Self Report.pdf

Use this space to tell the MHRT about yourself.

For example, hobbies, work, study, how you spend your time, accommodation matters.

See the provided document AMiles_Treatment Authority Self Report.pdf

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.
For example, doctors, friends, family, support groups.

See the provided document AMiles_Treatment Authority Self Report.pdf

What do you do to help you feel your best, physically and mentally?
For example, seeing a GP, psychologist, getting enough sleep, spending time with family, working, going for a walk, going to the gym.

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Do you believe that you might have a mental illness? Could you describe how you are feeling right now?
For example, stressed, angry, depressed, frightened, nothing.

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What do you think about your current treatment? What has helped you in the past?

See the provided document AMiles_Treatment Authority Self Report.pdf

Could you describe any risks to yourself or others if you were not receiving treatment?

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What supports do you have in place to make sure you take your medication?
For example, alarm, Webster-pak, somebody to remind you.

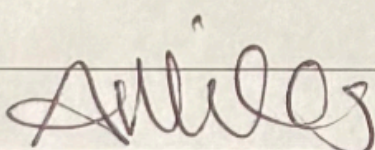
See the provided document AMiles_Treatment Authority Self Report.pdf

If you were making your own decisions about your mental health care, what type of treatment would you choose?
For example, community, inpatient, no treatment.

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Here is some space if you would like to share anything else with the MHRT.
*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.*

See the provided document AMiles_Treatment Authority Self Report.pdf

Signature: 

Date: July 1st 2025

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.