

The Mental Health (Care and Treatment) (Scotland) Act 2003 (the Act)
Vary a CTO or CO

Not like this -> 🗙

 $\boldsymbol{\mathcal{N}}$ 

v7.1

This box is for the use of the Mental Health Tribunal for Scotland only

### Instructions

## The following form is to be used:

where the RMO is applying to the Mental Health Tribunal for Scotland for an order varying a compulsory treatment order or compulsion order.

	on to some procedural requirer	bu use this form but you are strongly recommended to do so. ments under the Mental Health (Care and Treatment) (Scotland) Act 2003. dural requirements may invalidate the review.
Where not completing this form	electronically, to ensure ac	curacy of information, please observe the following conventions:
Write clearly within the boxes in	For example	Shade circles like this ->

BLOCK CAPITALS and in BLACK or BLUE ink

Where a text box has a reference number to the left, you can extend your response on plain paper where there is insufficient space in the box. Extension sheet(s) should be clearly labelled with Patient's name and CHI number, and each extended response should be labelled with the appropriate text box reference number.

Patient Status

This application is in respect of a:

○ Compulsory Treatment Order

# ○ Compulsion Order

Patient Details																							
CHI Number											]												
Surname																							
First Name (s)																							
Other / Known As																							
	'Oth	ier / K	nown	As' c	ould	incluc	le an	/ nam	e / a	l lias th	hat the	e patient	wou	ıld p	refer	to be	e kno	wn as	ـــــــــــــــــــــــــــــــــــــ	L		 	
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Part 1: Application De	etai	ls																То	be	e co	mp	lete	ed b	y F	MO
RMO Details																									
Surname																									
First Name																									
Title										]	G	θM	CN	lun	ıbe	r									
Hospital																								7	
Hospital address																									
Postcode																									
Telephone No.																									
e-mail address																									
Approved under section	-	of t	he A	Act k	oy:			 			 		-1				 			1	1			1	_
Health Board <b>NH</b>	S																								
CTO / CO Details																									
The compulsory treatme order was first made on		orde	r / co	omp	buls	ion			]/	/ [		/ [					dee	med	orde	r was	first	grant	ed, e	ne da g the	ite the
The order will cease to a specified at midnight at	auth			e m	eas	ures	5		]/	/		/ [					Sec	tion	18/2	Sectio	n 58	date	•		
The patient is detained i	in / ı	unde	er the	e ca	are o	of:																			
Hospital																									
Ward/ unit/ clinic																									



## **Reasons for Variation**

1

The reasons for seeking this specific variation to the order are - (for example, please state whether other variations were considered and subsequently ruled out.)

## **Proposed Variation of Measures**

Shade to the LEFT as appropriate to indicate measures currently authorised by the CTO / CO Shade to the RIGHT to indicate ALL measures being sought under this application to vary the CTO / CO (including measures which are not to be varied)

Measures cu authorised		res proposed ving variation
0	(a) the patient's detention in a specified hospital	- 0
0	(b) giving the patient medical treatment in accordance with Part 16 of the Act	0
0	(c) requiring the patient to attend: on specified or directed dates; or at specified or directed intervals, specified or directed places with a view to receiving medical treatment	0
0	(d) requiring the patient to attend: on specified or directed dates; or at specified or directed intervals, specified or directed places with a view to receiving community care services, relevant services or any treatment care or service	0
0	(e) requiring the patient to reside at a specified place	
0	<ul> <li>(f) requiring the patient to allow any of the following parties to visit the patient in the place where the patient resides. Those parties are;</li> <li>&gt; the patient's MHO,</li> <li>&gt; the patient's RMO,</li> <li>&gt; or any person responsible for providing medical treatment, community care services, relevant services or any treatment, care or services to the patient who is authorised for this purpose by the patient's RMO</li> </ul>	0
0	(g) requiring the patient to obtain the approval of the MHO to any proposed change of address	
0	(h) requiring the patient to inform the MHO of any change of address before the change of address takes effect	

Where it is proposed that the order should authorise measures other than the detention of the patient in hospital, please state the name of the hospital the managers of which should have responsibility for appointing the patient's RMO.

Hospital																										
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**Note:** any changes specified within the above measures should be detailed within the updated care plan that should accompany this document.



Part 1:	App	lication	<b>Details</b>	(cont)
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2

3

4

To be completed by RMO

# Variation to Recorded Matters - patients subject to CTO only

The recorded matter(s) which is(are) currently specified in the order and which you wish to see varied is(are):-

The modifications to the recorded matter being sought are:-

# **Other Relevant Information**

Please provide any other information which you believe to be relevant to this application

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To be completed by RMO

# Care Plans

I have enclosed a copy of the patient's care plan as first prepared under section 76 (1) of the Act and a copy of any such care plan as amended by virtue of section 76 (3) or (4) (a).

### Patient's Mental Disorder

The type(s) of mental disorder that I consider the patient has is/are:-

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arning disability																							
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Before making this application to vary the order, I gave notice to the patient's MHO of my intention to make this application on:

Date



Part 1:	Application	Details	(cont)
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# MHO views on application - Complete only A (MHO) or B (RMO), but not both

The MHO should complete A before the RMO signs page 10 wherever practicable. Where not practicable, A should be left blank and the RMO should complete B

4	MHO views To be c	npleted by MHO if practicable	
. <b> </b>	, the above named MHO,	$\odot$ agree with this application to vary the order	
     		$\odot$ disagree with this application to vary the order for the following reasons:	
	5		
	Signed by MHO Date		
   	dd / mm / yyyy		
E	Record by RMO of MI	<b>D views</b> To be completed by RMO where A is not practicable	
T	he above named MHO,	$\odot$ agrees with this application to vary the order	
		O disagrees with this application to vary the order for the following reasons:	
	6		
		OR	
	<ul> <li>The MHO has faile</li> </ul>	to inform me whether s/he agrees or disagrees with this application.	



#### Consultation with other persons

In advance of making the application, I have consulted with, and considered the views of, certain persons with respect to the application. These persons are:

 $\odot$  the patient's MHO

and (if applicable), others I considered appropriate to consult:

○ persons who provide medical treatment of the kind set out in the patient's care plan.

- persons who provide community care or relevant services of the kind set out in the patient's care plan.
- O persons who provide other treatment, care or services of the kind set out in the patient's care plan.
- O other persons I considered appropriate, as detailed below:

7	

## **Named Person Details**

 $\odot$  The patient does not have a named person

 $\odot$  The patient does have a named person - details below

Surname																
First Name																
Title									1						1	
Address																
Postcode e-mail address				]	Т	elep	ohoi	ne								
Advance Statement																

- As far as I am aware, the patient has made and not withdrawn an advance statement made under the terms of section 275 of the Act.
- As far as I am aware the patient has not made an advance statement under the terms of section 275 of the Act.
   If the patient has an Advance Statement, please ensure it is enclosed with this application.



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To be completed by RMO

#### Contact Details Of Others Relevant to the Application

The Mental Health Tribunal for Scotland needs these contact details in order to include them when considering this application. Please provide names, addresses, telephone numbers and email addresses.

Patient's primary carer (if any)

Patient's welfare guardian where applicable (see note 3 on page 10)

Patient's welfare attorney where applicable (see note 4 on page 10)

Patient's advocacy worker if any

Please provide names and addresses (including telephone numbers and email addresses) of any other relevant person(s) having an interest in this application. Please also provide their status, for example, patient's GP.



To be completed by RMO

Contact Details Of Others Relevant to Application (cont)

Advise of others you wish to bring along to the hearing, indicating their position/relationship to the patient

## Curator Ad Litem

If, in your view, the patient requires a Curator Ad Litem, please indicate this here and give your reasons.

### **Suspension of Detention**

Where relevant to the application:

Date current period of suspension of detention commenced.	
Date on which the total period of suspension of detention within 12 months will reach 200 days.	

Note that the Tribunal will schedule the hearing prior to the date of maximal suspension of detention if possible, but this cannot be guaranteed.



#### Notification

This notification should be given as soon as practicable after the duty to make the application arose and, in any event, before making the application.

Notification to the Mental Welfare Commission is required only when the patient is subject to a CTO.

Copies of the application should NOT be sent as notification. A copy of the letter sent to the patient is sufficient for this purpose.

I confirm that notification that this application is to be made was given to (shade as appropriate):

- $\bigcirc$  The patient
- The patient's named person (if any)
- The patient's MHO
- The Mental Welfare Commission
- Any guardian of the patient (see note 3 below)
- Any welfare attorney of the patient (see note 4 below)

All the above parties were	e notified by:
RMO Signature / Date	
Signed by the RMO	
Date dd / mm / yyyy	

### Name, address, telephone number and email address of contact at Medical Records

# Notes for RMO

1. This application should be accompanied by the patient's Care Plan and sent to the Mental Health Tribunal for Scotland

2. There is no requirement to copy the application to the Mental Welfare Commission

3. "Guardian" means a person appointed as a guardian under the Adults with Incapacity (Scotland) Act 2000 (asp 4) who has power by virtue of section 64(1)(a) or (b) of that Act in relation to the personal welfare of a person.

4. "Welfare attorney" means an individual authorised, by a welfare power of attorney granted under section 16 of the Adults with Incapacity (Scotland) Act 2000 (asp 4) and registered under section 19 of that Act, to act as such.

