



**AMP Details**

Surname

First Name

Title  GMC Number

Address

Postcode

Telephone No.

e-mail address

Approved under section 22 of the Act by:

Health Board **NHS**

**Examination Details**

I, the AMP named above, examined the patient on - Date  /  /



**Review of Conditions for Detention / Compulsion**

I consider that the relevant conditions apply in respect of the patient, and it is necessary for the patient to be subject to the measures authorised by the order / certificate

The patient has the following type(s) of mental disorder -

- Mental illness                       Yes     No
- Personality disorder                 Yes     No
- Learning disability                   Yes     No

The AMP must consider whether the conditions for the relevant order are met as per the table below:

Condition <b>A dot in columns A - C indicate that the condition must be met for the relevant order / certificate</b>	Order Type		
	CTO	CO	CORO
that the patient has a mental disorder.	●	●	●
that because of the mental disorder the patient's ability to make decisions about the provision of such medical treatment is significantly impaired.	●		
that medical treatment which would be likely to prevent the mental disorder worsening; or alleviate any of the symptoms, or effects, of the disorder, is available for the patient.	●	●	●
that if the patient were not provided with such medical treatment there would be a significant risk to the patient's health safety or welfare, or to the safety of any other person.	●	●	●
that it continues to be necessary for the patient to be subject to the CTO or Compulsion Order.	●	●	●
that, as a result of the patient's mental disorder, it is necessary, in order to protect any other person from serious harm, for the patient to be detained in hospital, whether or not for medical treatment.			●
that it continues to be necessary for the patient to be subject to the restriction order.			●

**Signature / Date**

Signature  
of AMP

Date  
dd / mm / yyyy

 /  /    

**What to do with this form**

The AMP should please give this form to the RMO.

The RMO should attach it to the CTO3a, CO1 or CORO1 form as appropriate.

The RMO/Hospital managers should ensure that a copy of this form is attached to all copies of the CTO3a, CO1 or CORO1 that are submitted or sent (e.g. to the patient, the Tribunal, the MWC, the Scottish Ministers, etc).

