

Medical Practitioner Details (cont)

Complete A or B as appropriate

A I, the medical practitioner named on page 1, am approved under section 22 of the Act by:

Health Board NHS [grid]

as having special experience, qualifications and training in the diagnosis and treatment of mental disorder.

My GMC number is: [grid]

OR

B I am a general medical practitioner

Please state how well you know the patient

1 [grid]

I certify that I have no conflict of interest as defined by the regulations

Details Of Examination

I examined the patient on: Date dd / mm / yyyy [grid]

Complete A or B as appropriate

A I separately from the other medical practitioner providing a mental health report

OR

B as a joint examination in the company of:

Name of other medical practitioner [grid]

The patient consented to a joint examination, OR

as the patient is incapable of consenting to a joint examination, consent for this joint examination was provided prior to the examination taking place, by:

- i) the patient's named person (as nominated under section 250 to 253 of the Act);
ii) the guardian (see Notes), who is authorised to provide consent under the 2000 Act;
iii) the welfare attorney (see Notes), who is fully authorised to provide consent under the 2000 Act

Name of person providing consent [grid]

Notes

"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, where they have the power to consent

"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, where they have the power to consent



Diagnosis Of Mental Disorder

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

		Primary ICD 10 Code	
Mental illness	<input type="radio"/> Yes <input type="radio"/> No	F	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/>
Personality disorder	<input type="radio"/> Yes <input type="radio"/> No	F	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/>
Learning disability	<input type="radio"/> Yes <input type="radio"/> No	F	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/>

Please enter primary ICD 10 diagnosis code for each disorder present.

Please provide a description of the symptoms that the patient has of this/these mental disorder(s) and of the ways in which the patient is affected by them.

2

Details Of Medical Treatment Proposed

I am satisfied, for the reasons stated below, that if the patient were not provided with treatment there would be a significant risk:

- to the patient's health, safety or welfare
- to the safety of any other person

3

Notes
As detailed in section 328 (2) of the Act, a person is not mentally disordered by reason only of any of the following: sexual orientation; sexual deviancy; transsexualism; transvestism; dependence on, or use of, alcohol or drugs; behaviour that causes, or is likely to cause, harassment, alarm or distress to any other person; acting as no prudent person would act.

For a compulsory treatment order application to be able to proceed, this mental health report must specify at least one type of mental disorder which is specified in the other mental health report



Details Of Medical Treatment Proposed (cont)

I am satisfied that medical treatment is available which would be likely to prevent the mental disorder worsening, or alleviate any of the symptoms or effects of the disorder.

Please state below the patient's needs for medical treatment for mental disorder; the proposed medical treatment that will meet those needs; and who will provide that medical treatment.

Note: medical treatment includes nursing; care; psychological intervention; habilitation and rehabilitation (including education and training in work, social and independent living skills) in addition to pharmacological interventions.

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Details Of Medical Treatment Proposed (cont)

I am satisfied, for the reasons stated below, that because of patient's the mental disorder, his / her ability to make decisions about the provision of such medical treatment is significantly impaired.

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I am satisfied, for the reasons stated below, that the making of a compulsory treatment order is necessary: e.g. explain why the patient cannot be treated on a voluntary basis

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Compulsory Measures Proposed

It is my opinion that the following compulsory measures should be authorised by the compulsory treatment order
shade as appropriate

- (a) detaining the patient in a specified hospital
- (b) giving the patient medical treatment in accordance with Part 16 of the Act
- (c) requiring the patient to attend: on specified or directed dates; or at specified or directed intervals, or directed places with a view to receiving medical treatment
- (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.
- (e) requiring the patient to reside at a specified place;
- (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: the patient's MHO, the patient's RMO, 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.
- (g) requiring the patient to obtain the approval of the MHO to any proposed change of address.
- (h) requiring the patient to inform the MHO of any change of address before the change takes effect.

Note: For a compulsory treatment order application to proceed, this mental health report must specify the same compulsory measures as are specified in the other mental health report



Notice To Patient

This section should only be completed where an AMP is completing the form. Where two AMPs are providing the mental health report, it would be best practice for the patient's RMO to complete this section.

I believe that (*shade as appropriate*):

notice of the compulsory treatment order application should be given to the patient by the MHO under section 60(1)(a) of the Act

OR

notice of the compulsory treatment order application should NOT be given to the patient by the MHO under section 60(1)(a) of the Act; as, in my opinion, the giving of that notice would be likely to cause significant harm to the patient or another person

AND

the patient IS capable of instructing a solicitor in relation to the application under section 63 of this Act

OR

the patient IS NOT capable of instructing a solicitor in relation to the application under section 63 of this Act

Please explain your reasons for coming to these conclusions:

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Other Relevant Information

8	
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Signature / Date

Signature

Date / /

Notes

Under Section 58 of the Act, the latter of the two medical examinations must be completed no more than 5 days after the first the MHO is required under Section 57(7) of the Act to make the application for the compulsory treatment order within 14 days of the second medical examination being conducted.

