

RMO Details

Surname

First Name

Title GMC Number

Hospital

Hospital address

Postcode

Telephone No.

e-mail address

Approved under section 22 of the Act by:

Health Board **NHS**

Examination Details

The patient was examined on - Date / /

Complete A or B as appropriate

A I, the RMO named above, examined the patient as part of a mandatory review.

OR

B I, the RMO named above, made arrangements for the patient to be examined by an approved medical practitioner as part of a mandatory review of the compulsion order and restriction order. The patient was examined by -

Surname

First Name

GMC Number

Hospital

Ward / Clinic

Health Board



Views on patient's condition and necessity for CORO

	Agree	Disagree
I consider that the patient has a mental disorder.	<input type="radio"/>	<input type="radio"/>
I consider 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.	<input type="radio"/>	<input type="radio"/>
I consider that if the patient were not provided with such medical treatment there would be a significant risk to the health, safety or welfare of the patient; or to the safety of any other person.	<input type="radio"/>	<input type="radio"/>
I am satisfied that it continues to be necessary for the patient to be subject to the compulsion order.	<input type="radio"/>	<input type="radio"/>
I am satisfied 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.	<input type="radio"/>	<input type="radio"/>
I am satisfied that it continues to be necessary for the patient to be subject to the restriction order.	<input type="radio"/>	<input type="radio"/>

Recommendation to the Scottish Ministers

- I recommend that the compulsion order be revoked and the patient receive an absolute discharge
- I recommend that the restriction order be revoked.
- I recommend that the restriction order be revoked and the compulsion order be varied by modifying the measures specified in it as detailed on below.
- I recommend that the patient be conditionally discharged.
- I make no recommendation (i.e. I consider that the compulsion order and the restriction order should remain unchanged).

Measures currently authorised	All measures proposed following variation
<input type="radio"/> (a) the patient's detention in a specified hospital <div style="border: 1px solid black; width: 100%; height: 15px; margin-top: 5px;"></div>	<input type="radio"/>
<input type="radio"/> (b) giving the patient medical treatment in accordance with Part 16 of the Act	<input type="radio"/>
<input type="radio"/> (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	<input type="radio"/>
<input type="radio"/> (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	<input type="radio"/>
<input type="radio"/> (e) requiring the patient to reside at a specified place	<input type="radio"/>
<input type="radio"/> (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	<input type="radio"/>
<input type="radio"/> (g) requiring the patient to obtain the approval of the MHO to any proposed change of address	<input type="radio"/>
<input type="radio"/> (h) requiring the patient to inform the MHO of any change of address before the change of address takes effect	<input type="radio"/>

- I have completed a report containing my reasons for my recommendation above, detailing my views on the patient's condition and the necessity for the patient to be subject to a compulsion order and restriction order. That report will accompany this form.



Patient's Mental Disorder (if applicable)

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

		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.

Consultation - MHO

My recommendation has taken regard to any views expressed by the patient's MHO:

Surname

First Name

Title

Address

Postcode

Telephone No.

e-mail address

Local Authority

eg Glasgow City, City of Edinburgh, Highlands, Scottish Borders, etc. (Note: the word "Council" can be omitted)

Named Person Details

- The patient does not have a named person
- The patient does have a named person - details below

Surname

First Name

Title

Address

Postcode

Telephone



Curator Ad Litem

If, in your view, the patient would require a Curator Ad Litem if a tribunal was arranged, please indicate this here and give your reasons.

Mental Health Tribunal Hearing Requirements

Please give details below of any special requirements the patient would have if a tribunal was arranged.

Suspension of detention

Where relevant:

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

Signature / Date

I confirm that I am submitting a report to the Scottish Ministers under:

- section 183(2) of the Act, or section 184 of the Act

By signing this certificate I confirm that I have no conflict of interest as defined in regulations.

Signed by RMO

Date dd / mm / yyyy / /

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

