

CTO / CO Details

The compulsory treatment order / compulsion order was first made on: / /

The patient is detained in, or under the care / management of:

Hospital

Ward/ unit/ clinic

Reference

The reasons for making this reference are:

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Patient's Mental Disorder

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.

Advance Statement

Shade A or B as appropriate

A As far as I am aware, the patient has made and not withdrawn an advance statement made under the terms of section 275 of the Act.

OR

B 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 reference.



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																			

Record Of Contact Details Of Others Relevant to this Reference

The Mental Health Tribunal for Scotland needs these contact details in order to include them when considering this application.

Full name and address of the patient's primary carer (if any)

Full name and address the patient's welfare guardian where applicable (see note below)

Full name and address of the patient's welfare attorney where applicable (see note below)

Full name, address, telephone number and email address of the patient's RMO

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.

"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.



Record Of Contact Details Of Others Relevant to this Reference (cont)

Full name, address, telephone number and email address of the patient's MHO

Full name, address, telephone number and email address of the patient's advocacy worker if any.

Please provide names and addresses of any other relevant person(s) having an interest in this application. Please also provide their status, for example, patient's GP. Please use additional paper if required.

STATUS

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 (only complete if the patient remains subject to the order)

Where relevant to the reference:

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

I confirm that a reference has been made under section 98 / section 162 of the Act to the Mental Health Tribunal for Scotland in respect to the compulsory treatment order to which the patient is subject.

Notice that a reference is to be made will be given to the following as soon as is practicable:

- The patient
- The patient's named person (if any)
- Any guardian of the patient
- Any welfare attorney of the patient
- The MHO
- The patient's RMO

Signature / Date

This reference was made by:

Name

Job Title

Contact Address

Signed

Date / /

