

Part 1: Record of Mandatory Review

To be completed by RMO

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



CTO / CO Details

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

Grid for date: [][] / [][] / [][][][]

Note: for deemed orders, this is the date the deemed order was first granted, eg the Section 18 / Section 58 date

The order will cease to authorise the measures specified at midnight at the end of:

Grid for date: [][] / [][] / [][][][]

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

Hospital

Grid for Hospital name

Ward/ unit/ clinic

Grid for Ward/unit/clinic name

Examination Details

The patient was examined on -

Date

Grid for date: [][] / [][] / [][][][]

Complete A or B as appropriate

A I, the RMO named on page 2, examined the patient as part of a mandatory review.

OR

B I, the RMO named on page 2, made arrangements for the patient to be examined by an approved medical practitioner as part of a mandatory review. The patient was examined by -

Surname

Grid for Surname

First Name

Grid for First Name

GMC Number

Grid for GMC Number

Hospital

Grid for Hospital

Ward / Clinic

Grid for Ward / Clinic

Health Board

Grid for Health Board



PART 2 : RECORD OF PATIENTS CONDITION

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).

Criteria for compulsion

I am satisfied, for the reasons stated below, that the patient has the following type(s) of mental disorder -

		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.

1	
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I am satisfied, for the reasons stated below, 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.

2	
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Criteria for compulsion (cont)

I am satisfied, for the reasons stated below, 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
- to the safety of any other person

3	
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I am satisfied, for the reasons stated below, that because of the mental disorder, the patient's ability to make decisions about the provision of such medical treatment is significantly impaired.

Only to be completed for patients subject to a Compulsory Treatment Order

4	
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Detail why you believe compulsory powers continue to be required, and why the patient cannot be treated on a voluntary basis.

5	
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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 if it is extended (including measures not to be varied)

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; <ul style="list-style-type: none"> > 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"/>

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

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



Proposed 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:-

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The modifications to the recorded matter being sought are:-

7	
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Reasons for Variations

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

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Other Relevant Information

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

9	
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PART 3 - DETAILS OF APPLICATION (cont)

MHO Details

Surname	<input type="text"/>
First Name	<input type="text"/>
Title	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/>
Telephone No.	<input type="text"/>
e-mail address	<input type="text"/>
Local Authority	<input type="text"/>

eg Glasgow City, City of Edinburgh, Highland, Scottish Borders, etc. The word "council" may be omitted

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

Date / /



PART 3 - DETAILS OF APPLICATION (cont)

MHO views on application - Complete only A (MHO) or B (RMO), but not both

The MHO should complete A before the RMO signs page 13 wherever practicable. Where not practicable, A should be left blank and the RMO should complete B

A MHO views *To be completed by MHO if practicable*

- I, the aforementioned MHO, agree with this application to extend and vary the order
 disagree with this application to extend and vary for the following reasons:

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Signed
by MHO

Date
dd / mm / yyyy

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B Record by RMO of MHO views *To be completed by RMO where A is not practicable*

- The aforementioned MHO, agrees with this application to extend and vary the order
 disagrees with this application to extend and vary for the following reasons:

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OR

- The MHO has failed to comply with his/her duty to inform me whether s/he agrees or disagrees with this application.



Consultation with other persons

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

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

12	
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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													

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 this is enclosed with this application.



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.

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

Full name and address of the patient's welfare guardian where applicable (see note 4 on page 13)

Full name and address of the patient's welfare attorney where applicable (see note 5 on page 13)

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



Contact Details of Others Relevant to the Application (cont)

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

Empty box for providing contact details of others relevant to the application.

Curator Ad Litem

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

Large empty box for indicating if a Curator Ad Litem is required and providing 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):

- The patient
- The patient's named person (if any)
- The patient's MHO
- The Mental Welfare Commission
- Any guardian of the patient (see note 4 below)
- Any welfare attorney of the patient (see note 5 below)

All the above were notified by:

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RMO Signature / Date

As a result of this review, and having complied with all the relevant duties linked to such a review, I am satisfied that the patient,

where subject to a compulsory treatment order, meets the conditions set out at section 64(5)(a) to (d) of the Act, or where subject to a compulsion order, meets the conditions set out at section 139(4) of the Act;

and that it continues to be necessary for the patient to be subject to compulsory treatment.

I consider that it is necessary to modify the compulsory measure(s) and/or the recorded matter(s) specified in the order.

Signature

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Date

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

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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. Where medical treatment has been given to the patient by virtue of sections 235, 236, 239 or 241 of the Act, the patient's RMO should submit a report to the Mental Welfare Commission detailing the treatment given and the patient's condition.
4. "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.
5. "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.

