

MHO Details

Surname

First Name

Title

Address

Postcode

Telephone No.

e-mail address

Local Authority

eg Glasgow City, City of Edinburgh, Scottish Borders, Highland, etc (the word "Council" may 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

Address

Postcode

e-mail address

Telephone

Primary Carer Details (if the patient has one)

Surname

First Name

Address

Postcode

e-mail address

Telephone



MHO Duties Under Section 85 (CTO) / Section 151 (CO)

- I interviewed the patient
- It was impracticable to interview the patient

If it was impracticable to interview the patient, why was it impracticable?

I informed the patient

- that their RMO was proposing to make a determination to extend the order and of the period of that extension
- of their rights in relation to the determination,
- of the availability of independent advocacy services

I took the following steps to ensure the patient had the opportunity to make use of independent advocacy services

I informed the RMO that I

- agreed with the determination to extend the order
- disagreed with the determination to extend the order and provided reasons why that was the case.

Reasons provided to RMO for disagreeing with determination to extend

(If applicable) I informed the RMO of the following matters which I considered relevant to the determination



Advance Statement

Please provide details of any advance statement made and not withdrawn by the patient, if known and where relevant to the extension of the order

Patient's Personal Circumstances

Please provide details of the patient's personal circumstances so far as relevant to the extension fo the order



Views on the Extension of the Order

Please provide your views on the extension of the order

Other Information

Please provide any other information you consider relevant to the extension of the order



Submission to Tribunal

- I confirm that I will submit a copy of this form to the Mental Health Tribunal for Scotland

Copy to Patient

Complete A or B as appropriate

- A** I will send the patient a copy of this form.

OR

- B** I will NOT send the patient a copy of this form as I believe there would be a risk of significant harm to the patient, or to others, if a copy of were sent to him/her. My reasons for believing this are:

Copy to Others

I will send the following a copy of this form.

- The patient's named person (if any)
- The patient's RMO
- The Mental Welfare Commission

Signature / Date

Signed
(by MHO providing information)

Date

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