





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Please provide details of any advance statement made and not withdrawn by the patient, if known and where relevant to the extension of the order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

**Copy to Patient**

Complete A or B as appropriate

- A**  I will send the patient of 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

		/			/				
--	--	---	--	--	---	--	--	--	--

