



**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 Details**

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

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

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

Hospital

Ward/ unit/ clinic



**Reasons for Reference**

I believe that the following recorded matter(s) is(are) not being provided for the reasons stated:

<b>1</b>	
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**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).

**Patient's Mental Disorder**

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

		Primary ICD 11 Code							
Mental illness	<input type="radio"/> Yes <input type="radio"/> No	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>					<table border="1" style="width: 20px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr> </table>		
Personality disorder	<input type="radio"/> Yes <input type="radio"/> No	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>					<table border="1" style="width: 20px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr> </table>		
Learning disability	<input type="radio"/> Yes <input type="radio"/> No	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>					<table border="1" style="width: 20px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr> </table>		

*Please enter primary ICD 11 diagnosis code for each disorder present.*

[Click here for ICD11 Coding Tool](#)

**Consultation - MHO**

Surname	
First Name	
Title	
Address	
Postcode	
Telephone No.	
e-mail address	
Local Authority	

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





**Advance Statement**

**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.

**Primary Carer, Advocacy Worker, Welfare Attorney, Welfare Guardian**

Please enter full names and addresses, including contact telephone numbers and email addresses where known.

*Patient's primary carer (if any)*

*Patient's advocacy worker where applicable*

*Patient's welfare attorney where applicable (See note)*

*Patient's welfare guardian where applicable (See note)*

**Notes**

"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.

"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.

**Contact Details Of Others Relevant to the Application**

Please provide the names and addresses (including telephone numbers and email addresses) of others who may be relevant to this application, where not available elsewhere on this form or the Mental Health Reports, and whom the Mental Health Tribunal for Scotland may wish to hear evidence from, for example: the patient's GP. Also record any others who should be invited to the hearing.



**Curator Ad Litem**

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

[Empty box for Curator Ad Litem details]

**PART 2**

**Record Of Notifications Made**

Notice should be given as soon as practicable after the requirement to make the reference arose and, in any event, before making the reference.

**Notification to the Mental Welfare Commission:** Copies of the reference should NOT be sent as notification. A copy of the letter sent to the patient is sufficient for this purpose.

Notice was given to the following parties of the reference being made to the Mental Health Tribunal for Scotland -

- the patient
- the patient's named person (if any)
- any guardian of the patient (see notes on page 5)
- any welfare attorney of the patient (see notes on page 5)
- the patient's MHO
- the Mental Welfare Commission

**Signature / Date**

Signed  
by the RMO

[Signature box]

Date  
dd / mm / yyyy

[Date input boxes: dd / mm / yyyy]

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

[Empty box for contact details]

