

This box is for the use of the Mental Health Tribunal for Scotland only.

Instructions

v7.0

The following form is to be used:

where a patient is subject to a compulsory treatment order which specifies one or more recorded matter(s), and where it appears to the patient's RMO that the recorded matter(s) is(are) not being provided, the RMO shall make a reference to the Mental Health Tribunal using the following form.

There is no statutory requirement that you use this form but you are strongly recommended to do so. This form draws attention to some procedural requirements under the Mental Health (Care and Treatment) (Scotland) Act 2003. Failure to observe procedural requirements may invalidate the reference.

Where not completing this form electronically, to ensure accuracy of information, please observe the following conventions:

Write clearly within the boxes in BLOCK CAPITALS and in BLACK or BLUE ink

For example

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Shade circles like this ->
Not like this ->



Where a text box has a reference number to the left, you can extend your response on plain paper where there is insufficient space in the box. Extension sheet(s) should be clearly labelled with Patient's name and CHI number, and each extended response should be labelled with the appropriate text box reference number.

Patient Details

CHI Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name (s)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Other / Known As

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

'Other / Known As' could include any name / alias that the patient would prefer to be known as.

Title

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Gender Male Female

DoB

dd / mm / yyyy

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Patient's home address

Postcode

--	--	--	--	--	--	--	--	--	--	--	--	--

Correspondence address for the patient is:

- Home address noted above
- Detention hospital/ward (enter in text box)
- Other address (enter in text box)



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:

1	
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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 10 Code						
Mental illness	<input type="radio"/> Yes <input type="radio"/> No	F	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 10px; text-align: center;">•</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>			•		
		•						
Personality disorder	<input type="radio"/> Yes <input type="radio"/> No	F	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 10px; text-align: center;">•</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>			•		
		•						
Learning disability	<input type="radio"/> Yes <input type="radio"/> No	F	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 10px; text-align: center;">•</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>			•		
		•						

Please enter primary ICD 10 diagnosis code for each disorder present.

Consultation - MHO

Surname	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>
First Name	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>
Title	<table border="1" style="width: 250px; height: 20px; border-collapse: collapse;"></table>
Address	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>
Postcode	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>
Telephone No.	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>
e-mail address	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>
Local Authority	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>

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



Consultation - other persons

I have consulted such other persons, listed below (including addresses) that I considered appropriate regarding the non-provision of the recorded matter(s).

2

2	
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Attachments

I have included with this reference the following attachments:

3

3	
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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

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

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

Full name and address the patient's advocacy worker where applicable (including contact telephone number and email address where known)

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

Full name and address of the 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 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.

PART 2

To be completed by RMO

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 -

- 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

Date
dd / mm / yyyy

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

