

Section 112 Detention

Failure to attend for medical treatment

Instructions

v7.1

The following form is to be used:

- i) by the RMO, where a patient who is subject to a compulsory treatment order, or an interim compulsory treatment order, fails to attend for medical treatment where an attendance requirement under section 66(1)(c) of the act has been specified in that order, or
- ii) by the RMO, where a patient who is subject to a compulsion order fails to attend for medical treatment where an attendance requirement under section 57A(8)(c) of the Criminal Procedure (Scotland) Act 1995 ("the 1995 Act") has been specified in the order

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 review.

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 Prefers not to say Not listed
If not listed, please specify

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

DoB

--	--

 /

--	--

 /

--	--	--	--

dd / mm / yyyy

Patient's home address

Postcode

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

<< Please enter NF1 1AB if no fixed abode

Patient Status

- The patient is subject to:
- an interim compulsory treatment order
 - a compulsory treatment order
 - a compulsion order

that does not authorise the detention of the patient in hospital.

The patient has failed to comply with the measure under section 66(1)(c) of the Act, or section 57A(8)(c) of the 1995 Act, that requires 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.



RMO Details

Surname

First Name

Title

Hospital

Clinic
(If appropriate)

I, the above named RMO am approved under section 22 of the Act by:

Health Board **NHS**

MHO Consent

The following MHO granted his/her consent to the detention

Surname

First Name

Title

Local Authority
eg Glasgow City, City of Edinburgh, Highland, Scottish Borders, etc (the word "council" can be omitted)

Building Name / Town

Circumstances leading to detention

Please describe briefly the circumstances that led to the patient being detained, and the efforts that were made to attempt to make the patient comply with the attendance requirement.

1	
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Detention under S112

The patient was detained at:

2	
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Date Detention Started / /

Time Detention Started :

The patient should not be detained for more than 6 hours (beginning with the arrival of the patient at the location)

Time Detention Ended :

Shade A, B or C as appropriate

A The patient is subject to the measure authorised under section 66(1)(b) of the Act and medical treatment was administered to the patient during this detention.

OR

B The patient is subject to the measure authorised under section 57A(8)(c) of the 1995 Act and medical treatment was administered to the patient during this detention.

OR

C The patient was detained for as long as was necessary to determine whether the patient was capable of consenting to medical treatment and, if so, whether the patient consented to receive medical treatment

Signature / Date

Signed by the patient's RMO

Date dd / mm / yyyy / /

A copy of this form should be sent to the Mental Welfare Commission

