

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.

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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

