

# Admission of Part 8 / Part 11 Patient

## Instructions

v7.0

**The following form is to be used:**

where a patient is admitted to the care of a hospital following the making of an assessment order, a treatment order, an interim compulsion order, a compulsion order, a compulsion order and a restriction order, a hospital direction, a transfer for treatment direction or a community payback order with a mental health treatment requirement.

**Do not use this form:**

following a transfer of a patient from another hospital where previously admitted under any of the above orders

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 record.

*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 ->



## 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

## Admission Details

Admission/Status Change date  /  /  from court / prison / hospital to the care of:

Hospital

Ward / Clinic

This is NOT the hospital specified within the order/direction

The patient is being detained in the above named hospital

The patient is being treated in the community

The hospital named above is situated within:

Local Authority

eg Glasgow City, City of Edinburgh, Highlands, Scottish Borders, etc. The word "Council" may be omitted



**Order / Direction Details**

The statutory provision under which the order or direction was made, is:

**Patients with 'restricted' status although not subject to a restriction order**

- Assessment order (section 52D of the 1995 Act)
- Extension to assessment order (section 52G of the 1995 Act)
- Treatment order (section 52M of the 1995 Act)
- Interim compulsion order (section 53(2) of the 1995 Act)
- Extension to Interim compulsion order (Section 53B of the 1995 Act)
- Hospital direction (section 59A of the 1995 Act)
- Transfer for treatment direction (section 136 of the 2003 Act)

**Patients subject to a restriction order**

- Compulsion order (section 57A (2)) and a restriction order (section 59 of the 1995 Act)
- Compulsion order (section 57(2)(a)) and a restriction order (section 57(2)(b) of the 1995 Act)

**Non-restricted patients**

- Committal to hospital (section 200 of the 1995 Act)
- Temporary compulsion order (section 54(1)(c) of the 1995 Act)
- Compulsion order (section 57(2)(a) of the 1995 Act)
- Compulsion order (section 57A (2) of the 1995 Act)
- Community payback order (section 227A of the 1995 Act)

**RMO Details**

Surname																													
First Name																													
Title											GMC No.																		
Hospital																													
Ward / Clinic (If appropriate)																													
Telephone No.																													
e-mail address																													

Approved under section 22 of the Act by:

Health Board **NHS**

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

**Signature / Date**

The hospital managers have fulfilled their obligations under section 260 of the Act.

Completed by																												
Job Title																												
Signed																												
Date	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> / <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> / <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table>																											

A copy of this form **and the relevant order/direction** should be sent to the Mental Welfare Commission  
Copies should also be sent to the Scottish Ministers for patients subject to a restriction order, or with restricted status

