

#### Instructions

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

where the conditions for the granting of an extension certificate to a short term detention are met.

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 certificate

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

Fo	r ex	am	ple				

Shade circles like this -> • Not like this -> ×

 $\times \checkmark$ 

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																									
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Hospital																	
Ward / Clinic (if appropriate)																	
Approved under section 2	22 o	f the	e Ac	t by	:												
Health Board NHS																	



v7.1

## **PART 1 - EXTENSION CERTIFICATE**

## **Detention Criteria**

1

As the AMP named on page 1, I declare that I have examined the patient. I am granting this extension certificate because I believe the patient meets the criteria set out in section 44(4) (a) to (d):

(a) I consider that it is likely, for the reasons stated below, that the patient has the following type(s) of mental disorder -

			Primary ICD 11 Code	
Mental illness	⊖ Yes	⊖ No	Please enter primary ICD 1 diagnosis code for each disorder present.	1
Personality disorder	⊖ Yes	$\bigcirc$ No	Click here for ICD11 Cod	ina Tool
Learning disability	$\bigcirc$ Yes	$\bigcirc$ No		

(b) I consider, for the reasons stated below, that because of the mental disorder, the patient's ability to make decisions about the provision of medical treatment for that mental disorder is significantly impaired.

2	

(c) I am satisfied, for the reasons stated below, that it is necessary to detain the patient in hospital for the purpose of:

 $\bigcirc$  determining what medical treatment should be given to the patient; or

 $\bigcirc$  giving medical treatment to the patient;

3	

(d) I consider that it is likely, for the reasons stated below, that if the patient were not detained in hospital there would be a significant risk-

- $\bigcirc$  to the health, safety or welfare of the patient; or
- $\bigcirc$  to the safety of any other person; and





## PART 1 - EXTENSION CERTIFICATE (cont)

To be completed by the Approved Medical Practitioner

#### **Reasons For Extension Certificate**

No application has yet been made for a compulsory treatment order.

For the reasons stated below, I consider that because of a change in the mental health of the patient, an application should be made under section 63 of the Act for a compulsory treatment order, and it would not be reasonably practicable to make an application for a compulsory treatment order before the expiry of the period of detention authorised by the short-term detention certificate.

# **MHO Consultation**

#### Complete A or B as appropriate

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	Surname																						
1	First Name																						
	Title														1								
	Local Authority																						
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	Town / Building Name																						
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PART 1 - EXTENSIO	N CEF	RTIF	FICA	TE (o	cont)	)		٦	To be o	comp	lete	d by t	he A	pprov	ved I	Medic	al Pra	actitio	ner
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authorise the detention	on of th	ne p	atier	nt in -															
Hospital																			]
Ward / Clinic																			
The extension certifica	te is v	alid	from	1 the	begi	nnin	g of:	Da dd /	te <sup>mm /</sup> yyyy			]/[		]/[					

The detention in hospital is valid for the period beginning with the expiry of the short-term detention certificate and ending at midnight at the end of the 3rd subsequent **working** day.

eg: a short-term detention certificate ceases to authorise the patient's detention at midnight at the end of Friday. The extension certificate is therefore valid from midnight at the start of Saturday through to midnight at the end of Wednesday.

I certify that I have no conflict of interest as defined by the regulations

Signed by the AMP granting this certificate						
Date dd / mm / yyyy	/	/[		at	•	time 24 hr clock

The extension certificate MUST be granted within 24 hours of the completion of the medical examination. This certificate must be given to the hospital managers within 24 hours beginning with the granting of the certificate.

## PART 2 : RECORD OF NOTIFICATION

To be completed by the Approved Medical Practitioner

Notice (see note 1) will be given to the following parties within 24 hours beginning with the granting of the certificate.

- $\bigcirc$  The patient
- The patient's named person (if any)
- The patient's MHO
- Any guardian of the patient (see note 2)
- Any welfare attorney of the patient (see note 3)

A copy of the whole of form DET 4 will be sent to the following parties within 24 hours beginning with the granting of the certificate. -

- $\bigcirc$  The Mental Health Tribunal for Scotland
- The Mental Welfare Commission

### Notes

1. Notice to include: notice of the granting of the certificate; the AMP's reasons for why s/he believed the conditions in section 44(4) (a) to (d) (as detailed on page 2) are met in respect to the patient; as to whether the consent of the MHO was obtained to the granting of the certificate; and if the certificate was granted without consent to its granting having being obtained from the MHO, the reason why it was impracticable to consult the MHO.

2. "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

3. "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



