



**PART 1 - EXTENSION CERTIFICATE**

**Detention Criteria**

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	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Personality disorder	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Learning disability	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Please enter primary ICD 11 diagnosis code for each disorder present.*

[Click here for ICD11 Coding Tool](#)

**1**

(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:

- determining what medical treatment should be given to the patient; or
- 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-

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

**4**



**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.

<b>5</b>	
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**MHO Consultation**

*Complete A or B as appropriate*

**A** I have consulted the MHO named below and she/he consents to the extension of the short-term detention certificate

Surname

First Name

Title

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

Town / Building Name

**OR**

**B** It was impracticable to consult with a MHO before authorising this certificate for the following reasons:

<b>6</b>	
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**PART 1 - EXTENSION CERTIFICATE (cont)**

**To be completed by the Approved Medical Practitioner**

**CERTIFICATION**

I, the AMP, examined the patient on: Date  /  /  at  :  time  
dd / mm / yyyy 24 hr clock

I authorise the detention of the patient in -

Hospital

Ward / Clinic

The extension certificate is valid from the beginning of: Date  /  /   
dd / mm / 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  /  /  at  :  time  
dd / mm / yyyy 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.

- 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. -

- 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 been 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

