

RMO Details

Surname

First Name

Title GMC Number

Hospital

Hospital address

Postcode

Telephone No.

e-mail address

Approved under section 22 of the Act by:

Health Board **NHS**



Examination Details

The patient was examined on - Date / /

Complete A or B as appropriate

A I, the RMO named above, examined the patient as part of a mandatory review.

OR

B I, the RMO named above, made arrangements for the patient to be examined by an approved medical practitioner as part of a mandatory review of the direction. The patient was examined by -

Surname	<input type="text"/>
First Name	<input type="text"/>
GMC Number	<input type="text"/>
Hospital	<input type="text"/>
Ward / Clinic	<input type="text"/>
Health Board	<input type="text"/>

	Agree	Disagree
I consider that the patient has a mental disorder.	<input type="radio"/>	<input type="radio"/>
I consider that medical treatment which would be likely to prevent the mental disorder worsening; or alleviate any of the symptoms, or effects, of the disorder, is available for the patient.	<input type="radio"/>	<input type="radio"/>
I consider that if the patient were not provided with such medical treatment there would be a significant risk to the health, safety or welfare of the patient; or to the safety of any other person.	<input type="radio"/>	<input type="radio"/>
I am satisfied that as a result of the patient's mental disorder, it is necessary, in order to protect any other person from serious harm, for the patient to be detained in hospital, whether or not for medical treatment.	<input type="radio"/>	<input type="radio"/>
I am satisfied that it continues to be necessary for the patient to be subject to the direction.	<input type="radio"/>	<input type="radio"/>

Patient's Mental Disorder (if applicable)

The type(s) of mental disorder that I consider the patient has is/are:

			Primary ICD 10 Code	
Mental illness	<input type="radio"/> Yes	<input type="radio"/> No	F	<input type="text"/>
Personality disorder	<input type="radio"/> Yes	<input type="radio"/> No	F	<input type="text"/>
Learning disability	<input type="radio"/> Yes	<input type="radio"/> No	F	<input type="text"/>

Please enter primary ICD 10 diagnosis code for each disorder present.



Recommendation to Scottish Ministers

Shade as appropriate

- I recommend that the direction be revoked , or
- I make no recommendation (i.e. I consider that the direction should remain in place)

for the following reason(s):

1



Consultations

My recommendation has taken regard to any views expressed by the patient's MHO:

Surname

First Name

Title

Address

Postcode

Telephone No.

e-mail address

Local Authority

eg Glasgow City, City of Edinburgh, Highlands, Scottish Borders, etc. (Note: the word "Council" can be omitted)

and other such persons, listed below, that I considered appropriate:

2	
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Named Person Details

- The patient does not have a named person
- The patient does have a named person - details below

Surname

First Name

Title

Address

Postcode

Telephone



To be completed by the RMO

Consultations

Curator Ad Litem

If, in your view, the patient would require a Curator Ad Litem if a tribunal was arranged, please indicate this here and give your reasons.

Mental Health Tribunal Hearing Requirements

Please give details below of any special requirements the patient would have if a tribunal was arranged.

Signature / Date

I confirm that I am submitting a report to the Scottish Ministers under section 207(2), 208(3) or 208(4) of the Act

Signed
by the patient's RMO

Date
dd / mm / yyyy

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Name, address, telephone number and email address of contact at Medical Records

