



AMP / RMO Details

Surname [grid]

First Name [grid]

Title [grid] GMC Number [grid]

Hospital [grid]

Hospital address [grid]

[grid]

[grid]

[grid]

Postcode [grid]

Telephone No. [grid]

e-mail address [grid]

Approved under section 22 of the Act by:

Health Board NHS [grid]

Revocation of Certificate

I, the AMP / RMO named above, am revoking the patient's detention certificate, for the reasons stated below, as I am **no longer satisfied** that:

- the patient's condition meets the criteria for detention
  - a) That the patient has a mental disorder **AND**,
  - b) that, because of the mental disorder, the patient's ability to make decisions about the provision of medical treatment is significantly impaired **AND**,
  - c) 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
- that it continues to be necessary for the detention in hospital of the patient to be authorised by the certificate

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Date Certificate Revoked [grid] / [grid] / [grid]

Time Certificate Revoked [grid] : [grid] (24 hr)



Patient's post-Detention Status

- Discharge  a) The patient has been discharged from hospital, **OR**
- b) The patient has NOT been discharged from hospital.
- Further care & treatment  a) The patient will receive further psychiatric care and treatment, **OR**
- b) The patient will NOT receive further psychiatric care and treatment

(where appropriate) further psychiatric care and treatment will be under the care of -

Full name and professional address of lead practitioner

Surname

First Name

Address

Postcode

Informing and notifying by AMP or RMO

Revoking an emergency detention certificate - AMP

I confirm that I will inform the following parties of this revocation as soon as practicable:

- the patient
- the managers of the hospital the patient was detained in

Revoking a short-term detention certificate or extension certificate - RMO

I confirm that I will give notice of this revocation to the following parties as soon as practicable:

- the patient
- the patient's named person (if any)
- any guardian of the patient (see notes)
- any welfare attorney of the patient (see notes)
- the patient's MHO

I confirm it is my responsibility to ensure that notice (in the form of a copy of this document) will be sent to the following parties within 7 days of the revocation:

- The Mental Welfare Commission
- The Mental Health Tribunal for Scotland

Signed  
by the AMP or RMO  
completing this revocation



This form should now be given to the hospital managers

Notes

"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

"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



