

**MEDICAL REPORT: TRANSFER FOR TREATMENT DIRECTION IN RESPECT
OF PERSON SERVING A SENTENCE OF IMPRISONMENT (Section 136)**

PART A: MEDICAL PRACTITIONER

(full name and
professional address
of practitioner)

I _____

of _____

Contact details

Telephone:

Email:

(full name of
prisoner)

a registered medical practitioner, **recommend that –**

currently detained in –

**be transferred to hospital in accordance with section 136 of the
Mental Health (Care and Treatment) (Scotland) Act 2003.**

I have been approved by

Health Board under section 22 of the Mental Health (Care
and

Treatment) (Scotland) Act 2003

PART B: ASSESSMENT

I last examined the patient at

(place and date of examination)

on

(State whether acquainted with the prisoner by reason of being prison medical officer, having treated patient previously, etc. If no previous knowledge of patient, enter 'none')

The nature and extent of my acquaintance with the patient prior to conducting the examination is as follows:

(Give brief details of any known previous in-patient or outpatient psychiatric treatment. If past history unknown write "NOT KNOWN". If known that the patient has not previously received psychiatric treatment write "NONE")

I understand that the prisoner has previously received psychiatric treatment as follows:

(Findings from your examination)

In my opinion this patient is suffering from a mental disorder in terms of section 328 of the Mental Health (Care and Treatment) (Scotland) Act 2003, being

(Circle Yes/No as appropriate)

			Primary ICD 10 Code					
Mental illness	Yes	No	F			•		
Personality disorder	Yes	No	F			•		

Learning disability	Yes	No	F			•		
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(give a brief description)

Please enter primary ICD 10 diagnosis code for each disorder present

The salient features of the prisoner's mental state are:

(give a brief description)

The medical treatment available for the patient is:

(tick all that apply)

I am of the opinion that the above medical treatment would be likely to

- prevent the mental disorder worsening
- alleviate any of the symptoms of the mental disorder
- alleviate an effect of the disorder

(give a brief description)

Details of how the available medical treatment will prevent the mental disorder worsening or alleviate its symptoms or effects are:

(give a brief description)

I am of the opinion that if the prisoner 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

Details of the risks posed by the prisoner if they were not provided with the medical treatment:

(give a brief description)

How significant and likely are the risks?

(tick all that apply)

I am of the opinion that the risks are to

- the health, safety or welfare of the prisoner
- the safety of other persons

(give a brief description if applicable)

Who are the other persons who are at risk

(If you are not of this opinion then a TTD should not be sought.)

I am of the opinion that the making of a transfer for treatment direction in respect of the prisoner is necessary.

Brief details of why the transfer for treatment direction are necessary, including the range of options available in the prisoner's case:

Brief details of how the transfer direction would provide the maximum benefit to the prisoner:

The prisoner is not being treated in a way that is less favourable than the way in which a prisoner who does not have a mental disorder might be treated in a comparable situation

OR

The prisoner is being treated in a way that is less favourable than the way in which a prisoner who does not have a mental disorder might be treated in a comparable situation as is justified in the following circumstances

I have had regard to the prisoner's abilities, background and characteristics, including without prejudice to that generality, the prisoner's age, sex, sexual orientation, religious persuasion, racial origin, cultural and linguistic background and membership of any ethnic group as follows:

(Mental Health Officer views)

If the MHO disagrees a TTD cannot be made

PART C: VIEWS

I have consulted with the MHO named below, and he/she

- agrees it is necessary to grant this transfer direction
- disagrees it is necessary to grant this transfer direction

Surname

First name

Appointed to act as a MHO by Local Authority:

OR

(give a brief description)

It has been impracticable to obtain the agreement of a MHO

Brief details of steps taken to obtain MHO agreement:

(prisoner views)

(give a brief description)

What are the past and present wishes and feelings of the prisoner on their mental disorder and proposed transfer to hospital:

Does the prisoner have capacity to make a decision about their care and treatment and their transfer to hospital?

- Yes
 No

Does the prisoner have an advance statement?

- Yes, a copy should be provided to Scottish Ministers
 No

The prisoner has participated as fully as possible in the decision to make a transfer direction

Information and support that has been given to the prisoner to enable them to participate in the decision to make a transfer direction:

(consideration of prisoner's human rights and of those at risk of harm)

If the prisoner has capacity and does not wish to be transferred to hospital, how have you taken that into account in making your decision to seek/support the proposed transfer to hospital:

(named person views)

Does the prisoner have a named person?

- Yes, provide copy of nomination and acceptance forms to Scottish Ministers
- No

If yes, then provide contact details for named person:

(if none provided state 'none')

What are the views of the named person to the proposed transfer:

(carer views)

Provide contact details for any carer of the prisoner:

(If there is no carer state 'none')

What are the views of the carer to the proposed transfer:

(guardian views)

(If there is no guardian state 'none')

Provide contact details for any guardian of the prisoner:

What are the views of the guardian to the proposed transfer:

(welfare attorney views)

(If there is no welfare attorney state 'none')

Provide contact details for any welfare attorney of the prisoner:

What are the views of the welfare attorney to the proposed transfer:

PART D: PROPOSED HOSPITAL

(name and address of proposed hospital/hospital unit – medium/low security)

I am of the opinion that this prisoner requires to be detained in the following hospital:

(tick which applies)

This is:

- Medium security
- Low security

(transfer to high security only)

OR

I am of the opinion that this patient requires to be detained in hospital under conditions of special security for the following reasons:

I am of the opinion that such conditions of special security can be provided only in a State Hospital.

This opinion is based on the following grounds:

(complete the following section in all cases)

The proposed hospital is suitable for the purpose of giving medical treatment to the prisoner for the following reasons:

Written confirmation from the proposed hospital has been received confirming that they will accept the prisoner

Written confirmation from the proposed hospital confirms that the prisoner would be admitted within 7 days of the transfer direction being made

PART E: PROPOSED TRANSFER

Who is going to remove the prisoner from prison?

Is the prisoner being transferred immediately to the proposed hospital?

- Yes
- No

If no, is the prisoner being transferred to a place of safety?

- Yes
- No

(if the prisoner is being transferred to a place of safety, the

If yes, provide details of the place of safety:

TTD must state the proposed hospital/hospital unit but give directions for the removal of the prisoner to, and the detention of the prisoner in the specified place of safety)

Name

Date
