

Hearing Details

A hearing to consider this appeal was heard on

Date

Grid for date entry: [][] / [][] / [][][][]

Before the following Tribunal members -

Convener

Text box for Convener name

Medical

Text box for Medical member name

General

Text box for General member name

Hearing Address

Grid for hearing address

Postcode

Grid for postcode

Before determining the application, the Mental Health Tribunal for Scotland afforded the persons mentioned in section 103 (6) of the Act the opportunity to: make representations (whether orally or in writing); and leading, or producing evidence. Evidence was provided by:

- Patient
- Patient's Named Person
- Guardian of the patient
- Welfare Attorney of patient
- Patient's nearest relative
- Patient's MHO
- Patient's RMO
- Patient's primary carer
- Curator Ad Litem
- Any other person appearing to the Tribunal to have an interest (list in box 1)

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DETERMINATION

Shade as appropriate

The Mental Health Tribunal for Scotland is satisfied that the transfer should NOT take place and refuse to make an order that the patient be transferred

OR

The Mental Health Tribunal for Scotland is satisfied that the transfer should take place and make an order that the patient be so transferred. The patient cannot be transferred within 21 days of this decision, except where the patient consents to the transfer in writing.



Advance Statement

Complete A or B or C as appropriate

A As far as is practicable to ascertain, the patient does not have an advance statement under S275 of the Act.

OR

B As far as is practicable to ascertain: the patient has made and not withdrawn an advance statement under S275 of the Act; and the patient's current/proposed care and treatment authorised by virtue of this decision are NOT in conflict with any wishes specified in that advance statement.

OR

C The patient has made and not withdrawn an advance statement under S275 of the Act. This advance statement IS in conflict with current/proposed care and treatment authorised by virtue of this decision. Please record in the box below:

- The date of the advance statement(s).
- Details of treatment that is in conflict with the advance statement and how.
- Where the conflict with the advance statement concerns treatment the patient specified wishes to receive, that they are not receiving, please provide details of this.
- Reasons for the decision that allows this treatment to be given/not given, despite the conflict with the advance statement, with reference to the Principles of the Act.

2	
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Where the treatment is in conflict with the advance statement, a record of the above has been sent to:

- the patient
- the patient's welfare attorney
- the patient's named person (if any)
- the patient's guardian
- the Mental Welfare Commission (a copy of this form and any other record which has been sent to the patient/ others)

Signature & Date

Signed
by the Convenor

Date
dd / mm / yyyy

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