

The Mental Health (Care and Treatment) (Scotland) Act 2003

TX4
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This box is for the use of the Mental Health Tribunal for Scotland only																								
Instructions																								V
The following form is to where an appeal is made of the Act, where the app	to the	Ment	al He made	alth 1	Γribu ore th	nal ne p	for S atie	Scot nt ha	land as be	aga een	inst tran	a cı sfer	ross red.	boı	der	tran	sfer	und	er se	ectic	n 28	39 o	r se	ction 29
There is no statutory procedural requirements	require under	ment t the Me	hat yo ental F	u use Iealth	this (Car	form re ar	ıd Tr	eatm	are s nent) date t	(Scc	otlano	d) A	nme ct 20	nde 103.	d to ( Fail	do so ure t	o. Ti o ob	nis fo serve	rm d prod	raws	atte ral re	ntior	to s	ome nts may
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Write clearly within the boxes in BLOCK CAPITALS and in BLACK or BLUE ink															8	Shao	le ci	rcles Not					\ \ !	<b>S</b>
Where a text box has a r the box. Extension shee labelled with the appropr	t(s) she	ould b	e clea	arly la	abell	led v	vith																	
Patient Details																								
CHI Number																								
Surname																								
First Name(s)																								
Other / Known As																								
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Patient's home																T	T				<u> </u>			,
address		++											<del> </del>											



Postcode

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<< Please enter NF1 1AB if no fixed abode

PART 1		To	o be completed by Mental Health Tribunal for	Scotland										
Details of transfer subject of	appeal													
			r, for patients subject to requirements their responsible medical officer:											
Hospital														
Ward / Clinic														
t is proposed the patient be transferred to: note: for patients subject to requirements other than detention, enter the details of the receiving responsible hospital)														
Hospital														
Address														
Country														
The proposed transfer date is:		Date												
Where Scottish Ministers have granted their authority, Date the warrant to transfer the patient was made on:														
PART 2: Section 289 or 290 (	Order	To	o be completed by Mental Health Tribunal for Scotlan											
An appeal under section 290 or received on:	the Act was	Date												
This application was made by	<ul> <li>the patient</li> <li>the patient's nam</li> <li>the patient's guar</li> <li>the patient's welf</li> <li>the patient's prim</li> <li>the patient's near</li> </ul>	rdian are attorney nary carer												



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PART 2: Section 28	9 or 290 Order (cont)		To be completed b	y Mental Health Trib	ounal for Scotla
Hearing Details					
A hearing to consider	this appeal was heard	on D	ate	/	
Before the following T	ribunal members -				
	Convener				
	Madical				
	Medical				
	General				
Hooring Address					
Hearing Address					
Postcode					
Patient		Attended hearing	0		
	's Named Person	0	0		
Guardia	an of the patient	0	0		
Welfare	e Attorney of patient	0	0		
Patient	's nearest relative	0	0		
Patient	's MHO	0	0		
Patient	's RMO	0	0		
Patient	's primary carer	0	0		
Curato	r Ad Litem	0	0		
List below any other p	persons appearing to the	Tribunal to have an inte	rest and indicate if the	ey attended the hearing	ng and if they
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•					
DETERMINATION					
DE LEI IIVIINATION					

## 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.



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A	dva	nce S	tatement																
Cor	nple	te A oi	B or C as ap	propria	te														
Α	0	As fa	r as is practic	able to	ascerta	in, the p	patient	does no	ot have	an adva	ance st	tateme	nt unde	r S275	of the	Act.			
0	R																		
В		of th	ar as is prac e Act; and th lict with any	ne pati	ent's cu	ırrent/p	ropose	ed care	and tr	eatme									
0	R																		
C	0	state Pleas I - N	patient has a ment IS in case record in The date of the Details of treat Where the coare not receive Reasons for the dayance state	conflict the bo ne adva atment to onflict w ring, ple the deci	with cu x below nce stat that is in ith the a ease pro sion tha	rrent/p v: ement( conflic dvance vide de t allows	(s). It with the statementalis of sthis tree	ne adva nent cor this. eatmen	nce stancerns to be g	eatment tement reatme	nt auth and ho nt the p	norised ow. patient	d by vir	tue of	this d	ecisio receive	on.	they	
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by the		onvenc	or		]/[		/												

