

Details of Transfer

The patient is currently detained in / was detained in prior to transfer -

Hospital

Ward/ Unit/ Clinic

It is proposed the patient be transferred to / the patient has been transferred to:

Hospital

Ward / Unit/ Clinic

The decision to transfer the patient was made on: Date / /

The proposed transfer date is / was: Date / /

All the relevant parties were notified of the proposed transfer by : Date / /

(where applicable) The transfer took place on: Date / /

Details of Appeal

The Mental Health Tribunal for Scotland received -

- An appeal under section 125 of the Act (including as applied by section 178) against a transfer to any hospital other than a state hospital.
- An appeal under section 126 of the Act (including as applied by section 178) against a transfer to a state hospital.
- An appeal under section 219 of the Act against a transfer under section 218 to any hospital other than a state hospital.
- An appeal under section 220 of the Act against a transfer under section 218 to a state hospital.

The above appeal was received on: Date / /

The appeal against a transfer was made by:

<input type="radio"/> the patient	<input type="radio"/> the patient's welfare attorney
<input type="radio"/> the patient's named person	<input type="radio"/> the patient's primary carer
<input type="radio"/> the patient's guardian	<input type="radio"/> the patient's nearest relative

The named person is:

Surname

First Name

Title

Address

Postcode

e-mail address



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B As far as is practicable to ascertain: the patient has made and not withdrawn an advance statement under S275 of the Act; and the patient's current/proposed care and treatment authorised by virtue of this decision are NOT in conflict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C The patient has made and not withdrawn an advance statement under S275 of the Act.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

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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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