



Diagnosis Of Mental Disorder

The patient has the following type(s) of mental disorder.

		Primary ICD 10 Code	
Mental illness	<input type="radio"/> Yes <input type="radio"/> No	F	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/>
Personality disorder	<input type="radio"/> Yes <input type="radio"/> No	F	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/>
Learning disability	<input type="radio"/> Yes <input type="radio"/> No	F	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/>

Please enter primary ICD 10 diagnosis code for each disorder present.

Advance Statement

Complete A or B as appropriate

A  As far as I am aware, the patient has made and not withdrawn an advance statement made under the terms of section 275 of the Act.

A copy of the Advance Statement should accompany this application.

OR

B  As far as I am aware the patient has not made an advance statement under the terms of the Act.

RMO Details

Surname	<input type="text"/>
First Name	<input type="text"/>
Title	<input type="text"/> GMC Number <input type="text"/>
Hospital	<input type="text"/>
Ward / Clinic (If appropriate)	<input type="text"/>
Telephone No.	<input type="text"/>

Approved under section 22 of the Act by:

Health Board **NHS**

Secure e-mail address







**Details of Transfer (cont)**

The current arrangements for the provision of treatment, care or services for the patient in Scotland are:

3

3	
---	--

What other options for care and treatment for the patient in Scotland have been explored, and why are these not suitable?

4

4	
---	--

What are the proposed arrangements for the provision of treatment, care or services for the patient in the place it is proposed that they should go after being transferred from Scotland?

5

5	
---	--

***A copy of the current risk assessment must be attached to this form***



Details of Transfer (cont)

What compulsory order/measures will the patient be subject to after transfer?

6

--	--

If it is proposed to transfer the patient out of their home area, what are the pathways for their return?

7

--	--

What current contact does the patient have with their family?

8

--	--





**Details of Transfer (cont)**

Please state why the proposed transfer is the least restrictive option in the circumstances

12

Are there any criminal charges or court proceedings outstanding against the patient  Yes  No

If yes, please give details including dates of any scheduled court appearances (NB this may not necessarily prevent cross border transfer).

13

Please provide any additional information you believe to be relevant to the proposed transfer.

14



Consultation - MHO

Surname

First Name

Title

Address

Postcode Telephone

Local Authority

Secure e-mail address eg Glasgow City, City of Edinburgh, Highland, Scottish Borders, etc (the word "Council" may be omitted)

Before making this section 290 application to transfer the patient outside of Scotland, I gave notice to the patient's MHO of my intention to make the application. The date I gave notice was: Date

I confirm that the MHO carried out their duties under the regulations.

Complete A or B as appropriate

A The MHO has informed me that s/he agrees with this section 290 application

OR

B The MHO has informed me that s/he disagrees with this section 290 application for the following reasons:

15

Contact Details

Please provide the full name, address and phone number for the patient's: named person (if any)

Phone number

welfare guardian (see note on following page \*)

Phone number



**Contact Details (cont)**

Please provide the full name, address and phone number for the patient's:

welfare attorney (see note \*)

Phone number

nearest relative (if the patient does not have a named person, and if known)

Phone number

primary carer (if the patient does not have a named person, or where they are an informal patient and it is proposed to transfer them outwith the UK)

Phone number

**\* Note**

“Welfare 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 (asp4) and registered under section 19 of that Act, to act as such.

**Notifications**

The RMO must afford the patient, and any other person notified, the opportunity to make representations to them on the proposed removal within 7 days of the day on which the notice was given.

The written notice(s) must invite the recipient to inform the Scottish Ministers, within 7 days of the day on which the notice was given, of any wishes or preferences that person has in relation to the proposal to remove the patient from Scotland.

This application form should not be completed until those 7 days have elapsed, unless the person(s) notified have made any representations to the RMO or confirmed to the RMO that they do not wish to make any.

**Notification to Patient**

- I can confirm that I have notified the patient in writing of the proposed transfer.
- I have attached a copy of my letter to the patient. (As above, this must inform them that, if they have a particular wish or preference that they would like Scottish Ministers to take into consideration, they must inform the Scottish Ministers within 7 days of the day on which notification was received, and they may do this directly to the Scottish Ministers or via you as their RMO.)

Has the patient made a representation to you?  Yes  No

If yes, please provide details of this and how you have taken into account the patient's expressed views.

16



**Notifications (cont)****Notification to Others**

I confirm that I have notified the following person(s) in writing of the proposed transfer and of their right to make representations on this to me or to the Scottish Ministers.

- The patient's
- named person (if any);
  - welfare guardian
  - welfare attorney
  - primary carer (if the patient does not have a named person)
  - nearest relative (if the patient does not have a named person, and if known)

Those parties, as indicated, were notified of the proposed transfer by: Date   /   /

- I have attached copies of each of these notification letters to this form

Have any of these persons made representation(s) to you on the proposed transfer?  Yes  No

If yes, please state who made the representation(s) and provide details of these. Please explain how you have these views into account:

17

**Application for fast-track removal with consent (complete only if applicable)**

The RMO may request that the warrant authorise the patient's removal from Scotland before the end of the standstill period if particular conditions are met (as below). The patient must give their written consent to being removed.

An application for fast-track removal can only be made where the place to which it is proposed the patient will go after being removed from Scotland is in: England; Wales; Northern Ireland; any of the Channel Islands; or the Isle of Man.

The RMO must confirm each of the following, by shading the circles, and attach the required documentation to this form.

- I, the RMO, informed the Mental Welfare Commission of my intention to make this request that the warrant authorise the patient's removal from Scotland before the end of the standstill period.  
I informed the Commission of this on Date   /   /
- The patient has given written consent to being removed before the end of the standstill period. A copy of that written consent is attached.
- An approved medical practitioner, who is not the patient's RMO, has certified that the patient is capable of giving that consent. A copy of that certificate is attached.
- The patient's named person (if the patient has one) has given written consent to the patient being removed before the end of the standstill period. A copy of that written consent is attached.



**Declaration / Signature**

I confirm that:

I have discussed the proposed transfer with the receiving hospital to ensure they are prepared to accept the patient.

I have attached the following documents

- a copy of the latest risk assessment
- a copy of all notification letters sent (to patient and others)
- a copy of a letter from the receiving hospital confirming their agreement to the proposed transfer
- a copy of the patient's advance statement (if applicable)

Where the patient is an informal patient who is to be transferred outwith the United Kingdom, I have informed the relevant local authority of this to enable an MHO to be designated responsible for the patient's case.

Where the proposed transfer relates to a restricted patient, I have consulted an official in the Restricted Patients Team of the Scottish Government

Signed  
by the RMO

Date  
dd / mm / yyyy

 /  / 

For restricted *and* non- restricted patient's please return this form to -  
Restricted Patients Team  
Area 3ER  
St Andrew's House  
Regent Road  
EDINBURGH  
EH1 3DG

**Note** following the issue of a warrant by Scottish Ministers approving the transfer of a patient out of Scotland, the appropriate termination notification (REV form) will need to be completed at the time the patient is transferred

