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

Request for the Transfer of a Patient into Scotland

TX1b

Instructions *v7.0*

The following form is to be used where:
consent is required to transfer a patient from England, Wales, Northern Ireland, the Isle of Man, any of the Channel Islands or any member state of the European Union into Scotland, where the patient is subject to formal measures corresponding or similar to those in the Act, or the Criminal Procedure (Scotland) Act (1995) (the 1995 Act).

There is no statutory requirement that you use this form but you are strongly recommended to do so. This form draws attention to some procedural requirements under the Mental Health (Care and Treatment) (Scotland) Act 2003. Failure to observe procedural requirements may invalidate the notification.

Where not completing this form electronically, to ensure accuracy of information, please observe the following conventions:

Write clearly within the boxes in BLOCK CAPITALS and in BLACK or BLUE ink

For example

Shade circles like this ->
Not like this ->

Where a text box has a reference number to the left, you can extend your response on plain paper where there is insufficient space in the box. Extension sheet(s) should be clearly labelled with Patient's name and CHI number, and each extended response should be labelled with the appropriate text box reference number.

Patient Details

CHI Number

Surname

First Name(s)

Other / Known As

'Other / Known As' could include any name / alias that the patient would prefer to be known as.

Title

Gender ○ Male ○ Female

DoB
dd / mm / yyyy
/ /

Patient's home address

Postcode

Contact Details

Nearest relative or primary carer (if any)

Phone number

Welfare guardian (see notes)

Phone number

Welfare attorney (see notes)

Phone number

Notes

"Welfare attorney" means an individual authorised, by a welfare power of attorney granted under section 16 of the Adults with Incapacity (Scotland) Act 2000 (asp 4) and registered under section 19 of that Act, to act as such.

"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.

DETAILS OF REQUEST TO TRANSFER PATIENT

Details on Patient's Condition

I understand that the patient has the following type(s) of mental disorder as specified in paragraphs a) to c) of section 328(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003:

The patient has a mental illness	○ Yes	○ No
The patient has a personality disorder	○ Yes	○ No
The patient has a learning disability	○ Yes	○ No

The patient is currently subject to the following measures under the corresponding enactment in the territory that the patient is currently located:

1

Proposed Transfer

The patient is currently detained or is liable to be detained in:

Hospital

Address

Country

It is proposed the patient be transferred to the care of:

Hospital

Health Board **NHS**

Where the patient was subject to a measure corresponding to, or similar to a restriction order and has been conditionally discharged under the most closely corresponding enactment in force in the relevant territory, the address of the place where the patient is to reside in Scotland will be:

Address

DETAILS OF REQUEST TO TRANSFER PATIENT

Transfer arrangements

It is proposed the patient be transferred on: Date __ / __ / ____

I confirm that the following arrangements have been made for admitting the patient to the receiving hospital:

2

The name and address for the Authorised Medical Practitioner who is anticipated will become the patient's RMO is:

Surname

First Name

Title

Hospital

Ward / Clinic
(If appropriate)

Telephone No.

Secure e-mail address

Signature / Date

The form was completed by:

Surname

First Name

Address

Secure e-mail address for responsible clinician

Signature

Date __ / __ / ____

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