## Request for the Transfer of a Patient into Scotland

TX1b

Instructions

### 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.

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Phone number

relation to the personal welfare of a person.

who has power by virtue of section 64(1)(a) or (b) of that Act in

#### **DETAILS OF REQUEST TO TRANSFER PATIENT**

# Details on Patient's Condition Lunderstand that the nations 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							0	Yes	3	$\circ$	lo											
The patient has a personality disorder							0	Yes	S	$\circ$	Ю											
The patient has a learning disability							0	Yes	S	$\circ$	Ю											
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 de	etair	ned	or is	s liab	le t	o b	e d	etai	ned	in:												
Hospital																						
Address																						
Country																						
It is proposed the patient	be t	ran	sfer	red to	o th	ne c	are	of:		1		-	-	-	 1				1			
Hospital																						

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



NHS

Health Board

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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	or th	ne A	utho	oris	ed	Med	lical	Pr	actit	ione	er	wh	o is	s ar	tici	pat	ed	wil	l be	co	me	th	e p	ati	ent	's F	₹MC	) is	S:	
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First Name						<u> </u>					_															$\perp$	$\perp$			
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Hospital																														
Ward / Clinic (If appropriate)																											I			
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Signature / Date																														
The form was completed	by:																													
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Secure e-mail address for	res	por	nsibl	e c	linic	ian																								
	$\perp$																													
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																



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