

PART 1: Assessment of Patient (cont)

To be completed by RMO

Consultation - MHO (to be completed by the MHO {see notes})

MHO details - Surname

First Name

Title

Local Authority
eg Glasgow City, City of Edinburgh, Highland, Scottish Borders, etc. The word "council" may be omitted

I, the MHO named above, was consulted on the date opposite Date / /

- 1) I confirmed to the patient's RMO the name and address of the patient's named person (where there is one).

Where known, the patient's named person is -

Surname

First Name

Title

Named Person's Address

Postcode Telephone

- 2) I informed the patient of the availability of independent advocacy services and have taken appropriate steps to ensure that the patient has the opportunity of making use of these services.

Where either of the above has not been shaded, please state below the reasons why it was not practicable to carry out that action

| | |
|----------|--|
| 1 | |
|----------|--|

MHO Signature

Signed by the MHO

Date / /

Notes

Wherever practicable, the MHO should complete this section of the form. Where not practicable, the RMO should complete on behalf of the MHO, and include reasons why it was not practicable in box 6.



PART 2: RMO Report to Hospital Managers

To be completed by RMO

Order / Certificate

Following the transfer the patient is subject to:

- an emergency detention certificate;
- a short-term detention certificate;
- a compulsory treatment order;
- an interim compulsory treatment order;
- a compulsion order (section 57A of the 1995 Act);
- a compulsion order (section 57(2)(a) of the 1995 Act);
- a compulsion order and a restriction order (CORO) (section 59 of the 1995 Act);
- a compulsion order and a restriction order (CORO) (section 57(2)(b) of the 1995 Act);
- a hospital direction; or
- a transfer for treatment direction.

Where patient is subject to any of these certificates / orders, please complete Part 2A

Where patient is subject to any of these orders, please complete Part 2B

Where order is community based, please indicate here

- The above patient is subject to measures that do not authorise his/her detention in hospital, though s/he will be under the management of the receiving hospital named on page 5

Part 2A

complete A or B as appropriate

- A** I consider that the relevant conditions apply in respect of the patient, and it is necessary for the patient to be subject to the measures authorised by the order / certificate noted above
- The patient has the following type(s) of mental disorder -

| | | Primary ICD 11 Code | |
|----------------------|--|----------------------|----------------------|
| Mental illness | <input type="radio"/> Yes <input type="radio"/> No | <input type="text"/> | <input type="text"/> |
| Personality disorder | <input type="radio"/> Yes <input type="radio"/> No | <input type="text"/> | <input type="text"/> |
| Learning disability | <input type="radio"/> Yes <input type="radio"/> No | <input type="text"/> | <input type="text"/> |

Please enter primary ICD 11 diagnosis code for each disorder present.

[Click here for ICD11 Coding Tool](#)

The authority of the above order / certificate / direction will cease, unless otherwise extended, at midnight at the end of: Date / /

Note: for patients subject to a compulsory treatment order or compulsion order, the next mandatory review should take place within the period 2 months ending with the above date

OR

- B** I consider that the relevant conditions do NOT apply in respect of the patient, or it is NOT necessary for the patient to be subject to the measures authorised by the order / certificate noted above,
- and I therefore revoke the order / certificate with effect from the date below

Part 2B

- I will prepare a report for Scottish Ministers on the appropriate form (CORO1 or HD1)

Signature / Date

Signature of RMO

Date dd / mm / yyyy

 / / 

Completion details

Surname

First Name

Job Title

Signature

Date / /

For reference: the relevant regulations, should these be required.

Scottish Statutory Instruments

- (1) The Mental Health (Cross-border transfer: patients subject to requirements other than detention) (Scotland) Regulations 2008.

amended by

The Mental Health (Cross-border transfer: patients subject to requirements other than detention) (Scotland) Regulations 2017.

- (2) The Mental Health (Cross-border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005.

amended by

The Mental Health (Cross-border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Amendment Regulations 2017.



The following information is requested to monitor the use of the Mental Health (Care & Treatment) (Scotland) Act 2003 across ethnic groups to ensure observance of equal opportunity requirements

Patient CHI Number

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

The patient describes his / her ethnic group as:

Information not provided

A White

Scottish

Other British

Irish

Gypsy/ Traveller

Polish

Roma

Showman/ Showwoman

Any other white ethnic group, please describe

| |
|--|
| |
|--|

B Mixed or multiple ethnic groups

Any mixed or multiple ethnic groups, please describe

| |
|--|
| |
|--|

C Asian, Scottish Asian or British Asian

Pakistani, Scottish Pakistani or British Pakistani

Indian, Scottish Indian or British Indian

Bangladeshi, Scottish Bangladeshi or British Bangladeshi

Chinese, Scottish Chinese or British Chinese

Any other Asian, please describe

| |
|--|
| |
|--|

D African, Scottish African or British African

Please describe, for example Nigerian, Somali

| |
|--|
| |
|--|

E Carribean or black

Please describe, for example Scottish Carribean, Black Scottish

| |
|--|
| |
|--|

F Other ethnic group

Arab, Scottish Arab or British Arab

Other, please describe, for example Sikh, Jewish

| |
|--|
| |
|--|

