

Hearing Details

A hearing to consider the above appeal was heard on Date / /

Before the following Tribunal members -

Convener

Medical

General

Hearing Address

Postcode

Before determining the application, the Mental Health Tribunal for Scotland afforded the persons mentioned in section 103 (6) of the Act the opportunity to: make representations (whether orally or in writing); and leading, or producing evidence. Evidence was provided by:

- Patient
- Patient's Name Person
- Guardian of the patient
- Welfare Attorney of patient
- Any other person appearing to the Tribunal to have an interest (list in box below)
- Patient's MHO
- Patient's RMO
- Patient's primary carer
- Curator Ad Litem

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TRIBUNAL DETERMINATION

shade as appropriate

A: complete where - Refusing the Appeal

- The Mental Health Tribunal for Scotland is NOT satisfied that the appeal has been made in line with the conditions specified in the appropriate section of the Act [sections 125(2), 126(2), 219(2), or 220(2)], and refuses the appeal

B: complete where - Upholding the Appeal and Refusing the Transfer

- The Mental Health Tribunal for Scotland is satisfied that the transfer should NOT take place.
- Where the patient has already been transferred, the patient should be returned to the hospital from which they were transferred.

C: complete where - Confirming the Transfer

- The Mental Health Tribunal for Scotland is satisfied that the transfer should take place and makes an order that the patient be so transferred.

Advance Statement

Complete A or B as appropriate

- A** As far as is practicable to ascertain the patient's current/proposed care and treatment is / are either:
- 1) NOT in conflict with any advance statement made by the patient, under section 276 of the Act, or
 - 2) The patient has not made an advance statement.

OR

- B** The patient has made and not withdrawn an advance statement, which is in conflict with the treatment outlined in this order. Where the treatment is in conflict with the advance statement, detail how the decision was made, and the reasons for it.

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Where the treatment is in conflict with the advance statement, a record has been sent to:

- the patient
- the patient's welfare attorney
- the patient's named person
- the patient's guardian
- the Mental Welfare Commission (copy of this form will serve as a record)

Signature & Date

Signed
by the Convenor

[Signature box]

Date
dd / mm / yyyy

[Date box: dd / mm / yyyy]

