



**Examination Details**

Complete A or B as appropriate

**A**  I, the RMO named on page 1, examined the patient.

**OR**

**B**  I, the RMO named on page 1, made arrangements for the patient to be examined by an approved medical practitioner. The patient was examined by -

|               |                      |
|---------------|----------------------|
| Surname       | <input type="text"/> |
| First Name    | <input type="text"/> |
| GMC Number    | <input type="text"/> |
| Hospital      | <input type="text"/> |
| Ward / Clinic | <input type="text"/> |
| Health Board  | <input type="text"/> |

The patient was examined on - Date  /  /

**Review of Conditions for Detention / Compulsion**

The RMO must consider if the conditions set out in Regulation 36 paragraphs (4) and (5) of the The Mental Health (Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005 apply in respect of the patient.

The table below details those conditions:

| Condition<br><b>The shaded boxes indicate the conditions that must be met for the relevant order / certificate</b>   | Order Type (see key below) |   |   |   |   |
|--|----------------------------|---|---|---|---|
|  | A                          | B | C | D | E |
| that the patient has a mental disorder   |                            |   |   |   |   |
| that because of the mental disorder the patient's ability to make decisions about the provision of such medical treatment is significantly impaired.   |                            |   |   |   |   |
| that if the patient were not detained there would be a significant risk to the patient's health safety or welfare, or to the safety of any other person  |                            |   |   |   |   |
| that medical treatment which would be likely to prevent the mental disorder worsening; or alleviate any of the symptoms, or effects, of the disorder, is available for the patient.                  |                            |   |   |   |   |
| that if the patient were not provided with such medical treatment there would be a significant risk to the patient's health safety or welfare, or to the safety of any other person                  |                            |   |   |   |   |
| that it continues to be necessary for the patient to be subject to the measures authorised by the appropriate section of the Act to which the patient became subject.                                |                            |   |   |   |   |
| that as a result of the patient's mental disorder, it is necessary, in order to protect any other person from serious harm, for the patient to be detained in hospital, whether for treatment or not |                            |   |   |   |   |

- Key**
- A Emergency or Short Term Detention
  - B Interim CTO or CTO
  - C Compulsion Order
  - D Compulsion Order and Restriction Order
  - E Transfer for Treatment Direction or Hospital Direction



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 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.



## 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*

## 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 -

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 authority to detain on the above order / certificate 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 to 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

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



Transfer Details

The patient was previously detained in:

Hospital

[Grid for Hospital name]

Address

[Large box for Address]

The patient has been transferred to the care of:

Hospital

[Grid for Hospital name]

Ward / Clinic

[Grid for Ward / Clinic]

The patient was transferred on:

Date

[Date grid: DD / MM / YYYY]

Notifications

I confirm that the following parties have been notified of the matters listed in paragraph 70 of the Mental Health (Care and Treatment)(Scotland) Act 2003: The Mental Health (Cross-Border Transfer: Patients subject to detention requirement or otherwise in Hospital)(Scotland) Regulations 2005. (i.e. the matters covered by this form):

The following parties must be notified within 14 days of the patient being received in Scotland

- The patient
- The patient's named person
- The patient's MHO
- The Mental Welfare Commission
- The Mental Health Tribunal for Scotland *(Where the patient is subject to a compulsory treatment order or a compulsion order)*
- the Scottish Ministers *(Where the patient became treated as if he/she was subject to a compulsion order and a restriction order, a hospital direction, or a transfer for treatment direction.)*

Those parties as indicted were notified by:

Date

[Date grid: DD / MM / YYYY]

Completion details

Surname

[Grid for Surname]

First Name

[Grid for First Name]

Job Title

[Grid for Job Title]

Signature

[Box for Signature]

Date

[Date grid: DD / MM / YYYY]

