Revocation / Termination

of pre-disposal court orders, restricted patients and patients with restricted status

REV 5
formerly DISC 1

Instructions v6.0

The following form is to be used:

as a record of termination for the following order types:

commitals
assessment orders,
treatment orders,
interim compulsion orders,
temporary compulsion orders,
compulsion order and a restriction orders (CORO),
hospital directions,
transfer for treatment directions
probation orders with a requirement of treatment of mental condition

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 record.

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

2	5		M	A	R	K	E	T		S	T	

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

DoB
dd / mm / yyyy

Gender ○ Male ○ Female

Patient's Detention Status

The patient was detained in:

Hospital

Under the following order / direction:

which was due to expire on

To be completed by the Hospital Managers

Termination of Order

The order / direction noted on page 1 was terminated on Date ☐☐ / ☐☐ / ☐☐☐☐

for the following reason ***(shade one only)***:

○ Expiry without authority to detain (covers EDL for Transfer for Treatment Direction)

○ Unauthorised absence

○ Death of patient

○ Revocation by court

○ Revocation by the court and a subsequent order made ☐

only applicable to: assessment orders; treatment orders and interim / temporary compulsion orders

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○ Revocation by the Scottish Ministers

○ Revocation by the Scottish Ministers upon the direction of the Mental Health Tribunal of Scotland

only applicable to: hospital directions; transfer for treatment directions

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○ Revocation by the Mental Health Tribunal of Scotland

only applicable to: compulsion order and restriction orders (CORO)

○ Termination for other reasons (detail below)

1	

Signature / Date

Form completed by -

Surname ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

First Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Job Title ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Signed ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Date ☐☐ / ☐☐ / ☐☐☐☐
dd / mm / yyyy

A copy of this form should be sent to the Mental Welfare Commission