

RMO Details

Surname

First Name

Title GMC Number

Hospital

Ward / Clinic (If appropriate)

Telephone No.

e-mail address

Approved under section 22 of the Act by:

Health Board **NHS**

Compulsion Order Details

The compulsion order was first made on: / /

The order will cease to authorise the measures specified at midnight at the end of: / /

The patient is detained in / under the care of:

Hospital

Ward

Examination Details

The patient was examined on - Date / /

Complete A or B as appropriate

A I, the RMO named above, examined the patient as part of the first mandatory review.

OR

B I, the RMO named above, made arrangements for the patient to be examined by an approved medical practitioner as part of the first mandatory review. The patient was examined by -

Surname

First Name

GMC Number

Hospital

Ward / Clinic

Health Board



Criteria for compulsion

I am satisfied, for the reasons stated below, that 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

1

I am satisfied, for the reasons stated below, 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.

2

I am satisfied, for the reasons stated below, 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
- to the safety of any other person

3

I believe, for the reasons stated below, that compulsory powers continue to be required, and that the patient cannot be treated on a voluntary basis

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Measures currently authorised

Please indicate which compulsory measures were authorised within the original compulsion order

- (a) The patient's detention in a specified hospital.
- (b) Giving the patient medical treatment in accordance with Part 16 of Act.
- (c) Requiring the patient to attend on: specified or directed dates; or at specified or directed intervals, specified or directed places with a view to receiving medical treatment (including associated travel where appropriate).
- (d) Requiring the patient to attend on: specified or directed dates; or at specified or directed intervals, specified or directed places with a view to receiving community care services, relevant services or any treatment care or service (including associated travel where appropriate).
- (e) Requiring the patient to reside at a specified place.
- (f) Requiring the patient to allow any of the following parties to visit the patient in the place where the patient resides. Those parties are; the patient's MHO, the patient's RMO, or any person responsible for providing medical treatment, community care services, relevant services or any treatment, care or services to the patient who is authorised for this purpose by the patient's RMO.
- (g) Requiring the patient to obtain the approval of the MHO to any proposed change of address.
- (h) Requiring the patient to inform the mental health officer of any change of address before the change of address takes effect.

Other Relevant Information

Any other information relevant to this section 149 application

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MHO Details

Surname

First Name

Title

Address

Postcode

Telephone No.

e-mail address

Local Authority

eg Greater Glasgow, City of Edinburgh, Highland, Scottish Borders, etc (the word "council" can be omitted)

Before making this application to extend the order, I gave notice to the patient's MHO of my intention to make this application on: Date / /

- The MHO has failed to comply with his/her duty to inform me whether s/he agrees or disagrees with this application.

MHO views on application (to be completed by the MHO {see notes})

- I, the above named MHO:
- agree with this application to extend the order
 - disagree with this application to extend the order for the following reasons:

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Signed by the MHO

Date dd / mm / yyyy / /

Notes

The MHO should complete this section wherever practicable. Where not practicable, the RMO should record the MHO's views, but not sign this section



Consultation With Other Parties

In advance of making the section 149 application I have considered the views expressed by certain parties with respect to this application. These parties are:

- such persons that provide medical treatment of the kind as set out in the patient's care plan.
- such persons that provide community care or relevant services of the kind set out in the patient's care plan.
- such persons that provide other treatment, care or service of the kind set out in the patient's care plan.
- the patient's MHO
- other parties I considered appropriate, as detailed below:

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Named Person Details

Surname	<table border="1" style="width: 100%; height: 20px;"></table>
First Name	<table border="1" style="width: 100%; height: 20px;"></table>
Title	<table border="1" style="width: 100%; height: 20px;"></table>
Address	<table border="1" style="width: 100%; height: 20px;"></table>
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Postcode	<table border="1" style="width: 100%; height: 20px;"></table>

- Status of Named Person
- Nominated by patient
 - Appointed by Mental Health Tribunal for Scotland
 - Default (primary carer or next of kin)

Advance Statement

- As far as I am aware, the patient has made and not withdrawn an advance statement made under the terms of section 275 of the Act.
- As far as I am aware the patient has not made an advance statement under the terms of section 275 of the Act.



Record Of Contact Details Of Relevant Parties

Please provide the names and addresses of other parties who may be relevant to this application, where not available elsewhere on this form or the Mental Health Reports, and whom the Mental Health Tribunal for Scotland may wish to hear evidence from.

Full name and address of the patient's primary carer, if different to the patient's named person

Full name and address the patient's welfare guardian where applicable (See note)

Full name and address of the patient's welfare attorney where applicable (See note)

Note

"Guardian" means a person appointed as a guardian under the Adults with Incapacity (Scotland) Act 2000 (asp 4) who has power by virtue of section 64(1)(a) or (b) of that Act in relation to the personal welfare of a person.

"Welfare attorney" means an individual authorised, by a welfare power of attorney granted under section 16 of the Adults with Incapacity (Scotland) Act 2000 (asp 4) and registered under section 19 of that Act, to act as such.

Any other parties, eg the patient's GP; independent advocate; or any other relevant party

Status eg: Patient's GP

Name & Address

Status

Name & Address

Signature / Date

As a result of this review and having complied with all the relevant duties linked to such a review, I am satisfied the patient continues to meet the conditions set out in section 139 (4) of the Act, and that it continues to be necessary for the patient to be subject to a compulsion order. I do not consider it necessary to modify any of compulsory measures specified in the order.

I hereby confirm that I am making an application to extend this compulsion order by 6 months.

Signed
by patient's RMO

Date / /



Tribunal Determination

The Mental Health Tribunal for Scotland makes an order (**shade one only**) -

- extending the compulsion order to which the application relates for 6 months
- refusing the application to extend the compulsion order
- refusing the application and revoking the compulsion order

GUIDANCE FOR MEDICAL RECORDS ON THIS DETERMINATION

Extension of order - expiry

The extension will take effect 6 months from the start of the Compulsion Order, and will run for a further 6 months. Eg: the Compulsion Order began on the 22nd June 06. The measures specified will cease to be authorised at midnight at the end of the day on the 21st December 06. The extension will be effective from the 22nd December 06 and will cease to authorise the measures specified at midnight at the end of the day on 21st June 07.

Refusal

The current order will run until it expires, at which point the patient should be discharged or other arrangements made to continue treatment. A REV2 form should be completed when the order expires.

Refusal and Revocation

The patient should be discharged as soon as practicable or arrangements made to treat the patient informally. A REV2 form should be completed.

Advance Statement

Complete A or B

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 Convener

Date dd / mm / yyyy / /

