



**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**

**CTO / CO Details**

The compulsory treatment order / compulsion order was first made on:  /  /

**Note:** for deemed orders, this is the date the deemed order was first granted, ie the Section 18 / Section 58 date

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

The patient is detained in, or under the care / management 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 a 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 a 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

**Complete A or B as appropriate**

**A**  This/these is/are the same type(s) of mental disorder as is/are most recently recorded in the patient's original order or previous mandatory review

**OR**

**B**  This/these is/are NOT the same type(s) of mental disorder as is/are most recently recorded in the patient's original order or previous mandatory review. The difference is:

2

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

3



*Criteria for compulsion (cont)*

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

4

I am satisfied, for the reasons stated below, that because of the mental disorder, the patient's ability to make decisions about the provision of such medical treatment is significantly impaired.

***Only to be completed for patients subject to a Compulsory Treatment Order***

5

Detail why you believe compulsory powers continue to be required, and why the patient cannot be treated on a voluntary basis.

6



MHO Details

Surname [Grid]

First Name [Grid]

Title [Grid]

Address [Grid]

[Grid]

[Grid]

[Grid]

Postcode [Grid]

Telephone No. [Grid]

e-mail address [Grid]

Local Authority [Grid]

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

Before making this determination to extend the order, I gave notice to the above MHO of my intention to make this determination on Date [Grid] / [Grid] / [Grid]

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

MHO views on determination (to be completed by MHO {see note})

- I, the above named MHO, agree with this determination
disagree with this determination for the following reasons:

7 [Large empty box for MHO response]

Signed by MHO [Signature line]

Date dd / mm / yyyy [Grid]

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



*Views Of Other Parties*

In advance of making this determination, I have considered the views expressed by certain parties with respect to this determination. 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:

8

*Other Relevant Information*

Please provide any other information which you believe to be relevant to this determination

9

*Advance Statement*

**Shade A or B as appropriate**

**A**  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.

**OR**

**B**  As far as I am aware the patient has not made an advance statement under the terms of section 275 of the Act.

**Notification**

I hereby confirm that I will send the following parties a copy of this record. The parties are:

- The Mental Health Tribunal for Scotland
- The patient's MHO
- The Mental Welfare Commission
- The patient's named person (please provide details below)

Surname																												
First Name																												
Title																												
Address																												
Postcode								Telephone																				

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

**Notification to Patient**

Complete A or B as appropriate

**A**  I hereby confirm that, in addition to the above parties, I have notified the patient of this determination and have sent the patient a copy of this record.

**OR**

**B**  I hereby confirm that I have notified the patient of having made this determination. I will NOT however be sending him/her a copy of this record as I believe there would be a risk of significant harm to the patient, or to others, if a copy of the record were sent to him/her. My reasons for believing this are:

10	
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*Determination to Extend Order***Complete where patient is subject to a Compulsory Treatment Order**

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 64(5)(a) to (d) of the Act (see pages 3 - 5 of this form), and that it continues to be necessary for the patient to be subject to a compulsory treatment order. I do not consider it necessary to modify any of the compulsory measures or recorded matters.

I hereby confirm that I am extending this compulsory treatment order for the period of (shade as appropriate):

- a) 6 months beginning with the day on which the compulsory treatment order will no longer authorise the measures specified in it, OR
- b) 12 months beginning with the day on which the order as extended as a result of the immediately preceding review will no longer authorise the measures specified within it;

**Complete where patient is subject to a Compulsion Order**

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 (see pages 4 - 6 of this form), 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 the compulsory measures specified in the order.

I hereby confirm that I am extending this compulsion order for the period of

- 12 months beginning with the day on which the order as extended as a result of the immediately preceding review will no longer authorise the measures specified within it:

*Signature / Date*

Signature  
of RMO

Date  
dd / mm / yyyy

		/			/				
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**Notes****Guidance on extension periods:**

Compulsory Treatment Orders should be extended for 6 months following first mandatory review, and for 12 months following subsequent mandatory reviews.

All Compulsion Orders should be extended for 12 months (1st mandatory review / 6 month extension should be documented using form CO1).

**Guidance on dates:**

An order is first made on the 22nd June 2006. The measures specified will cease to be authorised at midnight at the end of the day on the 21st December 06. The determination will then have effect from midnight at the start of the 22nd December 06, and will authorise the measures specified until midnight at the end of 21st June 07.

Similarly, an order originally granted on 4th November 2005 which had been subsequently extended, would cease to authorise the measures specified at midnight at the end of the day on the 3rd November 06. The next determination to extend would have effect from midnight at the start of the 4th November 06, and will authorise the measures specified until midnight at the end of 3rd November 07.

