

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, eg 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

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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.

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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	
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Criteria for compulsion (cont)

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

4

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

5



Proposed Variation of Measures

Shade to the LEFT as appropriate to indicate measures currently authorised by the CTO / CO

Shade to the RIGHT to indicate ALL measures being sought under this application to vary the CTO / CO if it is extended

Measures currently authorised		All measures proposed following variation
<input type="radio"/>	(a) the patient's detention in a specified hospital <input type="text"/>	<input type="radio"/>
<input type="radio"/>	(b) giving the patient medical treatment in accordance with Part 16 of the Act	<input type="radio"/>
<input type="radio"/>	(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	<input type="radio"/>
<input type="radio"/>	(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	<input type="radio"/>
<input type="radio"/>	(e) requiring the patient to reside at a specified place	<input type="radio"/>
<input type="radio"/>	(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	<input type="radio"/>
<input type="radio"/>	(g) requiring the patient to obtain the approval of the MHO to any proposed change of address	<input type="radio"/>
<input type="radio"/>	(h) requiring the patient to inform the MHO of any change of address before the change of address takes effect	<input type="radio"/>

Where it is proposed that the order should authorise measures other than the detention of the patient in hospital, please state the name of the hospital the managers of which should have responsibility for appointing the patient's RMO.

Hospital

Note: any changes specified within the above measures should be detailed within the updated care plan that should accompany this document.



Proposed Variation to Recorded Matters (patients subject to CTO only)

The recorded matter(s) which is(are) currently specified in the order, and which you wish to see varied is/are:-

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The modifications to the recorded matter being sought are:-

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Reasons for Variations

The reasons for seeking this specific variation to the order are - (for example, please state whether other variations were considered and subsequently ruled out.)

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Other Relevant Information

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

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PART 3 - DETAILS OF APPLICATION (cont)

MHO Details

Surname

First Name

Title

Address

Postcode

Telephone No.

e-mail address

Local Authority

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

Before making this application to extend and vary 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 View of Application (to be completed by MHO {see note})

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

10

Signed by 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



Consideration Of Views Of Other Parties

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

Please provide details of other parties where applicable -

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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>							Telephone	<table border="1" style="width: 100%; height: 20px;"></table>																			
Status of Named Person	<input type="radio"/> Nominated by patient <input type="radio"/> Appointed by Mental Health Tribunal for Scotland <input type="radio"/> Default (primary carer or nearest relative)																											

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.



Contact Details Of Relevant Parties

The Mental Health Tribunal for Scotland needs contact details of relevant parties in order to include them when considering this application.

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 guardian where applicable (see note 4 on page 10)

Full name and address of the patient's welfare attorney where applicable (see note 5 on page 10)

Please provide names and addresses of any other relevant party having an interest in this application. Please also provide their status, for example, patient's GP, Advocate. Please use additional paper if required.

STATUS

STATUS



Notification

This notification should be given as soon as practicable after the duty to make the application arose and, in any event, before making the application.

Notification to the Mental Welfare Commission: Copies of the application should NOT be sent as notification. A copy of the letter sent to the patient is sufficient for this purpose.

I confirm that notification that this application is to be made was given to (shade as appropriate):

- The patient
- The patient's named person
- The patient's MHO
- The Mental Welfare Commission
- Any guardian of the patient (see note 4 below)
- Any welfare attorney of the patient (see note 5 below)

All the above parties had been notified by:

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RMO Signature / Date

As a result of this review, and having complied with all the relevant duties linked to such a review, I am satisfied that the patient,

where subject to a compulsory treatment order, meets the conditions set out at section 64(5)(a) to (d) of the Act, or where subject to a compulsion order, meets the conditions set out at section 139(4) of the Act;

and that it continues to be necessary for the patient to be subject to compulsory treatment.

I consider that it is necessary to modify the compulsory measure(s) and/or the recorded matter(s) specified in the order.

Signature

Date

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Notes for RMO

1. This application should be accompanied by the patient's Care Plan and sent to the Mental Health Tribunal for Scotland
2. There is no requirement to copy the application to the Mental Welfare Commission
3. Where medical treatment has been given to the patient by virtue of sections 235, 236, 239 or 241 of the Act, the patient's RMO should submit a report to the Mental Welfare Commission detailing the treatment given and the patient's condition.
4. "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, where they have the power to consent
5. "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, where they have the power to consent



Determination

Complete the appropriate option(s) below. Where extending or extending and varying, irrespective of whether there has been a variation to the measures or recorded matters as a result of this order, Parts 5a and 5b should be completed detailing ALL measures/recorded matters authorised by this order.

A: complete if - EXTENDING THE ORDER

- The Mental Health Tribunal for Scotland authorises the extension of the order to which the application relates

B: complete if - additionally VARYING THE ORDER

The Mental Health Tribunal for Scotland authorises the variation of the order to which the application relates by modifying:

- (i) the measures (detail measures subject to change following variation in Part 5a)
- (ii) any recorded matter specified (**compulsory treatment orders only**) (Part 5b).

C: complete if - REFUSING THE APPLICATION

- The Mental Health Tribunal for Scotland refuses the application to extend and vary the order to which the application relates.

D: complete if - REFUSING THE APPLICATION AND REVOKING THE ORDER

- The Mental Health Tribunal for Scotland refuses the application to extend and vary the order to which the application relates and revokes that order.

GUIDANCE FOR MEDICAL RECORDS ON DETERMINATION**Extensions - extension periods:**

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

Extensions - expiry of extensions:

Any interim extension(s) granted should be considered as running concurrently with this extension - the date of expiry of the interim extension should not be used in calculating when this order will cease to authorise the measures specified.

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 to extend 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.

Variations

Variations take immediate effect from the date the Tribunal Convenor signs the determination

Refusals

The current order will run until it expires at which point the patient should be discharged or other arrangements made to continue treatment

Revocation

The patient should be discharged as soon as practicable or arrangements made to treat the patient informally. A copy of the relevant revocation form should be completed.



PART 5 : Order Extending and Varying a CTO/CO (cont)

Recorded Matter (Compulsory Treatment Orders only)

Complete A or B as appropriate

- A** The Mental Health Tribunal for Scotland wishes to specify as recorded matters within this order the following medical treatment, community care services, relevant services, other treatment care or service. **(Note: this must include ALL recorded matters appropriate to the order, and not just those that have been varied):**

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OR

- B** The Tribunal does not specify any recorded matters in this compulsory treatment order.

- The above position is a variation from the recorded matter specified in the previous order.

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:

- | | |
|--|--|
| <input type="radio"/> the patient | <input type="radio"/> the patient's welfare attorney |
| <input type="radio"/> the patient's named person | <input type="radio"/> the patient's guardian |
| <input type="radio"/> the Mental Welfare Commission (copy of this form will serve as a record) | |

Signature / Date

Signed
by Convener

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Date
dd / mm / yyyy

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