



*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 Details*

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

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

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

Hospital

Ward

*Reasons for Reference*

I believe that the following recorded matter(s) is(are) not being provided for the reasons stated:

1	
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Consultation - MHO

Surname [Grid]

First Name [Grid]

Title [Grid]

Address [Grid]

Postcode [Grid]

Telephone No. [Grid]

e-mail address [Grid]

Local Authority [Grid]

eg Glasgow City, City of Edinburgh, Highland, Scottish Borders, etc (the word "Council" may be omitted)

Consultation - other persons

I have consulted such other persons, listed below (including addresses) that I considered appropriate regarding the non-provision of the recorded matter(s).

2 [Large empty box for listing other persons]

Attachments

I have included with this reference the following attachments:

3 [Large empty box for listing attachments]



**Named Person Details**

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)

**Advance Statement**

**A**  As far as I am aware, the patient has made and not withdrawn an advance statement made under the terms of section 275 of the Act.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

**Contact Details of Relevant Parties - Primary Carer, Welfare Guardian, Welfare Attorney**

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

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

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

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**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.



*Contact Details Of Relevant Parties (cont) - other contacts*

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.

For example: the patient's GP; independent advocate; or any other relevant party

Status eg: Patient's GP

Name & Address

Status

Name & Address

## PART 2

To be completed by RMO

*Record Of Notifications Made*

**Notice should be given as soon as practicable after the requirement to make the reference arose and, in any event, before making the reference.**

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

Notice was given to the following parties of the reference being made to the Mental Health Tribunal -

- the patient
- the patient's named person
- any guardian of the patient (see note 1)
- any welfare attorney of the patient (see note 2)
- the patient's MHO
- the Mental Welfare Commission

*Signature / Date*

Signed  
by the RMO

Date  
dd / mm / yyyy

 /  / 
**Notes**

1) "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

2) "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



*Date Reference received*

The section 96 reference was received by the Mental Health Tribunal for Scotland on

Date  /  /

*Hearing Details*

A hearing to consider the above application was heard on

Date  /  /

Before the following Tribunal members -

Convener

Medical

General

Hearing Address

Postcode

Before determining the application, the Mental Health Tribunal for Scotland afforded the persons mentioned in section 103 (6) of the Act the opportunity to: make representations (whether orally or in writing); and leading, or producing evidence. Evidence was provided by:

- Patient
- Patient's MHO
- Patient's Name Person
- Patient's RMO
- Guardian of the patient
- Patient's primary carer
- Welfare Attorney of patient
- Curator Ad Litem
- Any other person appearing to the Tribunal to have an interest (list below)

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**TRIBUNAL DETERMINATION under SECTION 104**

***Shade appropriate option***

***A: shade where - VARYING THE ORDER***

- The Mental Health Tribunal for Scotland authorises the variation of the order to which the reference relates by modifying:
  - (i) the measures authorised
  - (ii) any recorded matter,

***B: shade where - REVOKING THE ORDER***

- The Mental Health Tribunal for Scotland revokes the order to which the reference relates.

***C: shade where - MAKING NO ORDER***

- The Mental Health Tribunal for Scotland makes no order with respect to this reference





**Part 3b: Recorded Matter****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.

**PART 3c - 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:

- 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 the ConvenerDate  
dd / mm / yyyy /  / 