

Details of Order

The patient is subject to measures other than detention as authorised by: A compulsory treatment order
 A compulsion order

This order will cease to authorise these measures at midnight at the end of: Date / /

The following hospital (if different from RMO's hospital) has responsibility for this patient:

Hospital

Measures Suspended / Period of Suspension

As the responsible medical officer, I am issuing a certificate suspending measures that apply to the above named patient. The measures suspended and the period that the order will not authorise those measures are as follows:

Measures Suspended

<i>Shade as appropriate for measures currently authorised by the order</i>	<i>Shade as appropriate for measures being suspended</i>
<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 (including associated travel where appropriate).	<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 (including associated travel where appropriate).	<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"/>

Period of Suspension

Start Time : Start Date / /

End Time : End Date / /

I confirm that the above suspension period is in line with section 128 of the Act (see Notes below).

Notes

(1) the period of suspension MUST NOT exceed 3 months

(2) the sum of - (a) the period of suspension granted in this certificate; and
 (b) the period specified in any other suspension certificate SUS1B in respect of the same patient,
 does not exceed 3 months.



Reasons for suspension

The reason(s) for this suspension is/are:

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Notification

I confirm that before granting the certificate I have given notice to the following parties of the measures and period that I propose to specify in the certificate; and the reasons for specifying those measures:

- The patient
- The patient's named person
- The patient's MHO
- The Mental Welfare Commission

Certificate Date / Signature

Signed
by the RMO

Date
dd / mm / yyyy

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