The Mental Health (Care and Treatment) (Scotland) Act 2003 (the Act)

Revocation of Suspension Certificate

SUS 1C

Instructions v6.0

The following form is to be used:

where a responsible medical officer authorises the revocation of a suspension certificate granted suspending detention relating to a compulsory treatment order, or a compulsion order.

There is no statutory requirement that you use this form but you are strongly recommended to do so. This form draws attention to some procedural requirements under the Mental Health (Care and Treatment) (Scotland) Act 2003. Failure to observe procedural requirements may invalidate the certificate.

Where not completing this form electronically, to ensure accuracy of information, please observe the following conventions:

Write clearly within the boxes in BLOCK CAPITALS and in BLACK or BLUE ink

For example

2	5		M	A	R	K	E	T		S	T	

Shade circles like this -> ●

Not like this -> ⊗ ✓

Where a text box has a reference number at the left, you can extend your response on plain paper where there is insufficient space in the box. Extension sheet(s) should be clearly labelled with Patient's name and CHI number, and each extended response should be labelled with the appropriate text box reference number.

Patient Details

CHI Number

Surname

First Name (s)

Other / Known As

'Other / Known As' could include any name / alias that the patient would prefer to be known as.

Title

DoB
dd / mm / yyyy

Gender ○ Male ○ Female

RMO Details

Surname

First Name

Title

GMC Number

Hospital

Clinic
(If appropriate)

I, the above named RMO am approved under section 22 of the Act by:

Health Board **NHS**

To be completed by RMO

Revocation of Suspension

I confirm that I am satisfied that in the interests of the patient; or for the protection of any other person, it is necessary to revoke the suspension certificate granted on:

Date ☐☐ / ☐☐ / ☐☐☐☐

for the following reasons:

1	

The patient will be detained in

Hospital

Signature / Date

I confirm that I will give notice of this revocation to the following parties as soon as practically possible after the revocation:

- the patient
- the patient's named person
- the patient's general medical practitioner
- the patient's MHO
- any person authorised by the RMO
- the Mental Welfare Commission

Signed
by the RMO

Date
dd / mm / yyyy ☐☐ / ☐☐ / ☐☐☐☐