

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

For example

Review Of Hospital Direction Or Transfer For Treatment Direction

Shade circles like this ->

Not like this ->

Instructions	v7.
Instructions	

The following form is to be used:

Write clearly within the boxes in

and in BLACK or BLUE ink

BLOCK CÁPITALS

where the RMO has undertaken a review of a patient subject to a hospital direction or a transfer for treatment direction

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 record.

Where a text box has a reference number to the left, you can extend your response on plain paper where there is insufficient space in

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

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Patient Details																									
CHI Number																									
Surname																									
First Name (s)																									
Other / Known As																									
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e-mail address														
Approved under section	22 of the Act by:													
Health Board NH														



To be completed by the RMO																							
Examination Details																							
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Complete A or B as app	ropr	iate						J			ı												
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Patient's Mental Disorde	er (if	appli	cable))																			
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Recommendation to Scottish Ministers
Shade as appropriate
I recommend that the direction be revoked, or
I make no recommendation (i.e. I consider that the direction should remain in place)
for the following reason(s):

To be completed by the RMO



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	To be completed by the RMO																																				
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To be completed by the RMO
Advance Statement
Shade A or B as appropriate
A S far as I am aware, the patient has made and not withdrawn an advance statement made under the terms of section 275 of the Act.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 O As far as I am aware the patient has not made an advance statement under the terms of section 275 of the Act.
If the patient has an Advance Statement, could Scottish Ministers please ensure that it is enclosed with the application or reference.
Consultations
Curator Ad Litem
If, in your view, the patient would require a Curator Ad Litem if a tribunal was arranged, please indicate this here and give your reasons.
Mental Health Tribunal Hearing Requirements
Please give details below of any special requirements the patient would have if a tribunal was arranged.
Trease give details below of any special requirements the patient would have it a tribunal was all anged.
Signature / Date
I confirm that I am submitting a report to the Scottish Ministers under section 207(2), 208(3) or 208(4) of the Act
Signed
by the patient's RMO
Date / / / / / / / / / / / / / / / / / / /
Name, address, telephone number and email address of contact at Medical Records



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