

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

For example

If the RMO is revoking the order please go to Part 1 (page 2)

If this order is terminating for any other reason please go to Part 2 (page 4)

REV 2 v7.1

Revocation / Termination

Compulsory Treatment Order / Interim Compulsory Treatment Order / Compulsion Order

REV2

Shade circles like this ->

Not like this ->

Instructions v7.1

The following form is to be used:

Write clearly within the boxes in

BLOCK CÁPITALS

to record the decision by the AMP / RMO to revoke a compulsory treatment order, an interim compulsory treatment order, or a compulsion order, and

to give notice of the termination of any of these certificates, whether as a result of revocation or any other reason

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 notification/record

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

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CHI Number																										
Surname																						$\overline{}$				
First Name(s)																						T				
Other / Known As																										
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The patient is detained in	ı, or	und	ler t	he c	are	/ m	ana	age	mer	nt of	:															
Hospital																										

Page 1 of 4

Part 1: Revocation of	To be completed by RMO										
RMO Details											
Surname											
First Name											
Title	GMC Number										
Hospital											
Hospital address											
Postcode											
Telephone No.											
9 11											
e-mail address											
Approved under sectio	n 22 of the Act by:										
Health Board NH											



Page 2 of 4

Part 1: Revocation of Order	To be completed by RMO
Review Of Order	
I, the RMO named above, carried out an examination of the patient, OR	
I agreed for the following approved medical practitioner to examine the patient:	

Doctor's name														
Approved by Health Board	NHS													

I am revoking the patient's interim CTO / CTO / CO, for the reasons stated below, as I am *no longer satisfied* that:

- O the patient's condition meets the criteria for compulsion (see notes)
- O it is necessary for the patient to be subject to compulsory measures

1	

Notes

The criteria for compulsion are:

- a) That the patient has a mental disorder;
- b) 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;
- c) that if the patient were not provided with such medical treatment there would be a significant risk to the health, safety or welfare of the patient; or to the safety of any other person; and

for patients subject to interim CTO / CTO only

d) that because of the mental disorder, the patient's ability to make decisions about the provision of such medical treatment is significantly impaired.



REV 2 v7.1

Page 3 of 4

Part 1: Revocation of	Order (cont)	To be completed by RMO
Confirmation / Notifica	ation	
	otice of this revocation and send a statement of the reasons fo day on which the revocation was made:	or it to parties (a) to (e) within seven
(a) the patient;		
(b) the patient's na	med person (if any);	
(c) any guardian of	f the patient (see notes);	
(d) any welfare atto	orney of the patient (see notes);	
(e) the patient's MI	HO;	
	sibility to ensure that notice (in the form of a copy of this docume of the revocation of this certificate:	nent) will be sent to the following
(f) the Mental Wel		ing the Commission and Tribunal
(g) the Mental Hea	alth Tribunal for Scotland	
Signed by the RMO		
Date dd/mm/yyyy		
Part 2: Record of Tern	nination To be comp	leted by the Hospital Managers
The above certificate ceafor the following reason:	ased to authorise compulsory measures on//	
Transfer out of ScotlanUnauthorised absenceDeath of patient	s AMP or RMO ntal Welfare Commission ntal Health Tribunal for Scotland)
2		
Completed by		
Job Title		
Signed		
Date dd/mm/yyyy		
Notes		
"Guardian" means a person an	prointed as a guardian under the Adults with Incapacity (Scotland) Act 2000 ((sen 4) who has nower by virtue of section

[&]quot;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.



REV 2 v7.1 Page 4 of 4

[&]quot;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.