

Instructions

v7.1

The following form is to be used:

- (a) When a patient is detained in hospital and being transferred to another hospital within Scotland or
(b) When a patient is detained in a hospital unit specified in the order/ direction, and they are being transferred from the specified hospital unit to another unit in the same hospital

The responsibility for completing this form rests with the managers of the transferring hospital and not the receiving hospital

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.

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

Grid of boxes for example text entry

Shade circles like this ->



Not like this ->



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 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 grid

Surname grid

First Name (s) grid

Other / Known As grid

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

Title grid

Gender

- Male Female Prefers not to say Not listed

DoB dd / mm / yyyy grid

If not listed, please specify

Text box for gender specification

Patient's home address grid

Postcode grid

<< Please enter NF1 1AB if no fixed abode

Part 1: Transfer of Patient

To be completed by the Hospital Managers

Transfer Details

The patient was detained in:

Hospital grid

Hospital unit (only if specified in the order/ direction) grid

and has been transferred to:

Hospital grid

Ward / Unit/ Clinic grid

The patient was transferred on Date grid



Details of current order / certificate

The patient is currently subject to:

A	<input type="radio"/> Interim compulsory treatment order (Transfer under section 124/124A of the Act) <input type="radio"/> Compulsory treatment order (Transfer under section 124/124A of the Act) <input type="radio"/> Compulsion order (Transfer under section 178 of the Act) <input type="radio"/> Compulsion order and a restriction order (Transfer under section 218/218A of the Act) <input type="radio"/> Hospital direction (Transfer under section 218/218A of the Act) <input type="radio"/> Transfer for treatment direction (Transfer under section 218/218A of the Act)	Proceed to "Transfer Reasons"
B	<input type="radio"/> Any other order / certificate (eg short-term detention)	see notes at foot

Transfer Reasons

The reason(s) for the transfer is/are -

1	
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Consent To Transfer - Transfers under section 218/218A

- Scottish Ministers consented to the transfer, and I have attached a copy of the authorisation to this form.

Consent To Transfer - Transfers under sections 124, 178 or 218

- I confirm that the managers of the hospital to which the patient has transferred consented to the transfer.

Consent To Transfer - Transfers under sections 124, 124A, 178, 218 or 218A*Shade as appropriate*

- The patient consented to the transfer
 The patient DID NOT consent to the transfer

Notes

Transfers of patients subject to orders/certificates other than those in section A above are not covered by formal procedures within the Act. You may therefore simply complete page 1 and Part 3 on page 3. However, the Code of Practice suggests that it is good practice to have the patient's consent and to give adequate notice prior to the transfer taking place.

You can therefore use this form to record if the patient's consent was obtained and how much notice was given to the patient.



Part 2: Notification to Patient, etc

To be completed by the Hospital Managers

Complete A or B as appropriate

A The following parties were notified at least seven days in advance of the proposed transfer:

- the patient *(Note: where the patient has consented to the transfer, notice need not be given to the patient)*
- the patient's named person (if any)
- the patient's primary carer *(Note: where a patient is being transferred under section 218 or section 218A of the Act, it is not necessary to notify the patient's primary carer of the transfer)*

All the above parties were notified of the proposed transfer by : Date / /

OR

B It was necessary to transfer the patient urgently and less than seven days notice was given prior to the transfer for the following reasons:

2

As soon as was practicable on or, as the case may be, after the transfer, notification was given to -

- the patient
- the patient's named person (if any)
- the patient's primary carer *(Note: where a patient is transferred under section 218 of the Act, it is not necessary to notify the patient's primary carer of the transfer)*

All the above parties were notified by : Date / /

Part 3

To be completed by the Hospital Managers

Completed by:

Job Title

Signature

Date / /

Notes

A copy of this form should be sent to the Mental Welfare Commission within 7 days of the transfer date.

If the transfer of the patient does not take place within 3 months of the patient being given notice of the proposed transfer, you must begin the transfer process again.

