

RMO Details

Surname [grid]

First Name [grid]

Title [grid] GMC Number [grid]

Hospital [grid]

Hospital address [grid]

Postcode [grid]

Telephone No. [grid]

e-mail address [grid]

Approved under section 22 of the Act by:

Health Board NHS [grid]

CTO / CO Details

The compulsory treatment order / compulsion order was first made on: [grid] / [grid] / [grid]

Note: for deemed orders, this is the date the deemed order was first granted, eg the Section 18 / Section 58 date

The order will cease to authorise the measures specified at midnight at the end of: [grid] / [grid] / [grid]

The patient is detained in / under the care of:

Hospital [grid]

Ward/ unit/ clinic [grid]



Variation to Recorded Matters - patients subject to CTO only

The recorded matter(s) which is(are) currently specified in the order and which you wish to see varied is(are):-

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The modifications to the recorded matter being sought are:-

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Other Relevant Information

Please provide any other information which you believe to be relevant to this application

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Care Plans

- I have enclosed a copy of the patient's care plan as first prepared under section 76 (1) of the Act and a copy of any such care plan as amended by virtue of section 76 (3) or (4) (a).

Patient's Mental Disorder

The type(s) of mental disorder that I consider the patient has is/are:-

		Primary ICD 11 Code	
Mental illness	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
Personality disorder	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
Learning disability	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>

Please enter primary ICD 11 diagnosis code for each disorder present.

[Click here for ICD11 Coding Tool](#)

MHO Details

Surname

First Name

Title

Address

Postcode

Telephone No.

e-mail address

Local Authority

eg Glasgow City, City of Edinburgh, Highland, Scottish Borders, etc. The word "council" may be omitted

Before making this application to vary the order, I gave notice to the patient's MHO of my intention to make this application on:

Date / /



MHO views on application - Complete only A (MHO) or B (RMO), but not both

The MHO should complete A before the RMO signs page 10 wherever practicable. Where not practicable, A should be left blank and the RMO should complete B

A MHO views *To be completed by MHO if practicable*

- I, the above named MHO,
- agree with this application to vary the order
 - disagree with this application to vary the order for the following reasons:

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Signed by MHO

Date dd / mm / yyyy / /

B Record by RMO of MHO views *To be completed by RMO where A is not practicable*

- The above named MHO,
- agrees with this application to vary the order
 - disagrees with this application to vary the order for the following reasons:

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OR

- The MHO has failed to inform me whether s/he agrees or disagrees with this application.



Consultation with other persons

In advance of making the application, I have consulted with, and considered the views of, certain persons with respect to the application. These persons are:

- the patient's MHO
and (if applicable), others I considered appropriate to consult:
- persons who provide medical treatment of the kind set out in the patient's care plan.
- persons who provide community care or relevant services of the kind set out in the patient's care plan.
- persons who provide other treatment, care or services of the kind set out in the patient's care plan.
- other persons I considered appropriate, as detailed below:

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Named Person Details

- The patient does not have a named person
- The patient does have a named person - details below

Surname	<input type="text"/>																											
First Name	<input type="text"/>																											
Title	<input type="text"/>																											
Address	<input type="text"/>																											
	<input type="text"/>																											
	<input type="text"/>																											
	<input type="text"/>																											
	<input type="text"/>																											
Postcode	<input type="text"/>								Telephone	<input type="text"/>																		
e-mail address	<input type="text"/>																											

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Advance Statement

- As 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.
- 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, please ensure it is enclosed with this application.



Contact Details Of Others Relevant to the Application

The Mental Health Tribunal for Scotland needs these contact details in order to include them when considering this application. Please provide names, addresses, telephone numbers and email addresses.

Patient's primary carer (if any)

Patient's welfare guardian where applicable (see note 3 on page 10)

Patient's welfare attorney where applicable (see note 4 on page 10)

Patient's advocacy worker if any

Please provide names and addresses (including telephone numbers and email addresses) of any other relevant person(s) having an interest in this application. Please also provide their status, for example, patient's GP.



Contact Details Of Others Relevant to Application (cont)

Advise of others you wish to bring along to the hearing, indicating their position/relationship to the patient

Curator Ad Litem

If, in your view, the patient requires a Curator Ad Litem, please indicate this here and give your reasons.

Suspension of Detention

Where relevant to the application:

Date current period of suspension of detention commenced. / /

Date on which the total period of suspension of detention within 12 months will reach 200 days. / /

Note that the Tribunal will schedule the hearing prior to the date of maximal suspension of detention if possible, but this cannot be guaranteed.

Notification

This notification should be given as soon as practicable after the duty to make the application arose and, in any event, before making the application.

Notification to the Mental Welfare Commission is required only when the patient is subject to a CTO.

Copies of the application should NOT be sent as notification. A copy of the letter sent to the patient is sufficient for this purpose.

I confirm that notification that this application is to be made was given to (shade as appropriate):

- The patient
- The patient's named person (if any)
- The patient's MHO
- The Mental Welfare Commission
- Any guardian of the patient (see note 3 below)
- Any welfare attorney of the patient (see note 4 below)

All the above parties were notified by:

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RMO Signature / Date

Signed by the RMO

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Date dd / mm / yyyy

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Name, address, telephone number and email address of contact at Medical Records

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Notes for RMO

1. This application should be accompanied by the patient's Care Plan and sent to the Mental Health Tribunal for Scotland
2. There is no requirement to copy the application to the Mental Welfare Commission
3. "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.
4. "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.

