

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

## MHO - Further Information where CTO or CO is Extended

CTO<sub>3</sub>c

Section 87A / Section 153A

Instructions	v7.0

## The following form is to be used:

to provide further information when a mental health officer receives notice of a determination to extend a CTO (under Section 86 of the Act), or a determination to extend a CO (under Section 152 of the Act), from a patient's responsible medical officer (RMO);

the Tribunal is required to review the determination under s101(2)(a) or s165(2)(a) respectively.

There is no statutory requirement that you use this form but you are strongly recommended to do so.

Where not completing this form electronically, to ensure accuracy of information, please observe the following conventions:  Write clearly within the boxes in BLOCK CAPITALS  IN BLOCK	(	Scotla																				unei	ιι)			
In BLOCK CAPITALS  Where a text box has a reference number to the left, you can extend your response on plain paper where there is insufficient space box. Extension sheet(s) should be clearly labelled with Patient's name and CHI number, and each extended response should be lat with the appropriate text box reference number.  Patient Status  This information is in respect of an extension of:  Compulsory Treatment Order  Compulsion Order  Patient Details  CHI Number  Surname  First Name (s)  Other / Known As 'Other / Innown As 'Other / Innow							ensu	re a	ccur	acy	of in	form	atior	ı, pl	ease	obs								is:		
Dot. Extension sheet(s) should be clearly labelled with Patient's name and CHI number, and each extended response should be lativity the appropriate text box reference number.  Patient Status  This information is in respect of an extension of:  Compulsory Treatment Order  Compulsion Order  Patient Details  CHI Number  Surname  First Name (s)  Other / Known As  Other / Known As'  Other / Known As'  Other / Known As'  Other / Surname  Fittle  DoB add mm / yyyy  Patient's home address  Postcode  Correspondence address for the patient is:  D Home address noted above	in BLOCK CAPITALS			For e	exam	nple											SI	hade	circ	les Not	like i like i	this - this -	<u>&gt;</u> >	×	Ø	<u> </u>
This information is in respect of an extension of:  Compulsory Treatment Order  Compulsion Order   Patient Details  CHI Number Surname First Name (s) Other / Known As  Other	box. Extension sheet(s) she	ould b	be cl	learly	/ lab	elled																				
CHI Number Surname First Name (s) Other / Known As Other	Patient Status																									
Patient Details  CHI Number  Surname  First Name (s)  Other / Known As' could include any name / alias that the patient would prefer to be known as.  Title  DoB  3d / mm/yyyy  Patient's home address  Postcode  Correspondence address for the patient is:  D Home address noted above	This information	is in	ı re	esp	ect	of	an	ex	ter	sic	on (	of:		$\bigcirc$	Со	mp	uls	sor	у Т	rea	atm	ıen	t O	rde	•r	
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 Jd / mm/ yyyy Patient's home address  Postcode  Correspondence address for the patient is: O Home address noted above														$\bigcirc$	Со	mp	uls	sio	n C	rd	er					
Surname  First Name (s)  Other / Known As  Other / Known As  Other / Known As  Other / Known As could include any name / alias that the patient would prefer to be known as.  Title  DoB  J / J Gender Male  Female  Patient's home address  Postcode  Correspondence address for the patient is:  Home address noted above	Patient Details																									
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 DoB Female  Patient's home address  Postcode  Correspondence address for the patient is:  Home address noted above	CHI Number																									
Other / Known As  Other / Known As' could include any name / alias that the patient would prefer to be known as.  Title  DoB  Idd / mm / yyyyy  Patient's home address  Postcode  Correspondence address for the patient is:  Home address noted above	Surname																									
Other / Known As' could include any name / alias that the patient would prefer to be known as.  Fitle  OoB  of mm / yyyy  Patient's home address  Postcode  Correspondence address for the patient is:  Home address noted above	First Name (s)		$\vdash$																							
Postcode  Correspondence address for the patient is:  OHome address noted above  Gender OMale  Female  Female	Other / Known As		$\perp$																							
Patient's home address for the patient is:  Home address noted above	<b>T</b> '	'Othe	er / K	nown	As' c	could i	includ	de any	/ nam	ne / al	lias th	at the	patie	nt wo	ould p	refer	to be	knov	vn as		-					
Patient's home address  Postcode  Correspondence address for the patient is:  Home address noted above	ııtıe		L											C	3en	der	(	) M	ale		i 					
Postcode  Correspondence address for the patient is:  Home address noted above	-			]/			]/							i L _				) <b>F</b> (	ema 	le 	 					
Postcode  Correspondence address for the patient is:  Home address noted above																										
Correspondence address for the patient is:  Home address noted above	addicoo																									
Correspondence address for the patient is:  Home address noted above																										
Correspondence address for the patient is:  Home address noted above			T																			T				
Correspondence address for the patient is:  Home address noted above																						$\vdash$				
Home address noted above	Postcode		+						1																	
Home address noted above	0																									
	•			e pai	tien	t is:																				
Detection benefit (see see 0)				٥,																						
Detention hospital (see page 2)			_																							
Other address (enter in text box)	) Other address (enter i	n tex	it bc	OX)																						



## To be completed by MHO

MHO Details																											
Surname														Τ				Τ				$\top$					
First Name																		+	1			$\frac{}{}$					İ
Title													1														
Address																		Τ			Τ	$\top$					
																		+				$\frac{1}{1}$					
																						1					
																		+			Ť	$\overline{}$	$\dagger$				
Postcode																											
Telephone No.																											
e-mail address																]											
Local Authority																					T						
	eg G	lasgov	v City	y, City	of Ed	inbui	gh, S	cottis	sh Bo	rders	, Higl	hland	d, etc	(the	word	"Cou	ncil"	may b	oe om	itted)	)						
Named Person Details	•																										
<ul> <li>The patient does no</li> </ul>																											
○ The patient does have	ave :	a na	me	d pe	rsor	) - C	deta	ils b	elo	W																	
Surname																											
First Name																											
Title																											
Address												T													Τ	T	
												Ī				İ								Ī	Ť	Ť	
			T		T							Ť	Ť			İ	1						Т	T	Ť	Ť	Ī
												Ť	Ť			T	+						_	Ť	Ť	Ť	
					$\frac{+}{\parallel}$				+		$\frac{1}{1}$	$^{+}$	$\frac{}{}$			$\overline{}$	$\overline{\dagger}$							Ť	Ť	Ť	
Postcode					+																						
Primary Carer Details	(if t	he p	ati	ent	has	one	e)																				
Surname	· 	T	Т			T		T		1	T	T		T			T	T	T	T				$\overline{\top}$	$\overline{\top}$	$\overline{\top}$	7
First Name	F	+							1		+	1	+			1	+		+					$\perp$	+	+	$\dashv$
Title		+	+	1	<u> </u>				$\frac{\perp}{\perp}$		+																
Address			<u> </u>						<u> </u>		_															_	7
Address	L	+							<u> </u>		<u> </u>	<u> </u>				<u> </u>	1		<u> </u>					=	$\downarrow$	$\downarrow$	4
	Ļ	<u> </u>	<u> </u>						<u> </u>		+	+				+	<u> </u>		+	<u> </u>			L	<u> </u>	$\downarrow$	$\downarrow$	$\exists$
	L	<u> </u>							<u> </u>		<u> </u>	<u> </u>	_	_		+	1	_	_	<u> </u>				<u></u>	$\downarrow$	$\downarrow$	_
	L	<u> </u>							<u> </u>		1	<u> </u>				_	<u> </u>			<u> </u>				$\perp$	$\downarrow$	$\downarrow$	
	L	$\perp$						<u> </u>															L		$\perp$	$\perp$	
Postcode																											



MHO Duties Under Section 85 (CTO) / Section 151 (CO)	
○ I interviewed the patient	
O It was impracticable to interview the patient	
If it was impracticable to interview the patient, why was it impracticable?	
If it was impracticable to interview the patient, why was it impracticable:	
I informed the patient	
that their RMO was proposing to make a determination to extend the order and of the period of that extensions.	sion
<ul><li>of their rights in relation to the determination,</li></ul>	
of the availability of independent advocacy services	
I took the following steps to ensure the patient had the opportunity to make use of independent advocacy serv	rices
Linform and the DNAO that I	=======================================
I informed the RMO that I	
agreed with the determination to extend the order	
O disagreed with the determination to extend the order and provided reasons why that was the case.	
Reasons provided to RMO for disagreeing with determination to extend	
(If applicable) I informed the RMO of the following matters which I considered relevant to the determination	======
(if applicable) I informed the Kino of the following matters which I considered relevant to the determination	



CTO 3c v7.0 Page 3 of 6

Advance Statement	
Please provide details of any advance statement made and not withdrawn by the patient, if known and where relevant to the extension of the order	1
Patient's Personal Circumstances	i
Please provide details of the patient's personal circumstances so far as relevant to the extension fo the order	7
	- 1





Views on the Extension of the Order	
Please provide your views on the extension of the order	
Other Information	
Other Information  Please provide any other information you consider relevant to the extension of the order	



To be completed by MH
-----------------------

## **Submission to Tribunal**

 $\, \bigcirc \,$  I confirm that I will submit a copy of this form to The Mental Health Tribunal

Copy to Patie	ent ent
Complete A or B a	as appropriate
A O I will se	nd the patient of a copy of this form.
OR	
B O I will NO or to oth	OT send the patient a copy of this form as I believe there would be a risk of significant harm to the patient, ners, if a copy of were sent to him/her. My reasons for believing this are:
Copy to Othe	rs
l will ser	nd the following a copy of this form.
0	The patient's named person (if any) The patient's RMO
0	The Mental Welfare Commission
O O	The Mental Wellare Commission
Signature / D	ate
0: 1	
Signed (by MHO p	roviding information)
Date	



CTO 3c v7.0

Page 6 of 6