Shade circles like this ->

Not like this ->

The following form is to be used:

Write clearly within the boxes in

and in BLACK or BLUE ink

BLOCK CÁPITALS



Review And Extension of an Interim Compulsion Order RMO's Report

For example

0	5	
0	5	

v6.0

following the review of an interim compulsion order where the patient's RMO considers it necessary for the order to be extended.

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

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:

	t(s) should be clearly labelled with Patient's name and CHI number, and each extended response should be ate text box reference number.					
Offender Details						
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	Gender O Male					
DoB dd / mm / yyyy	/ Female					
The offender is detaine	d in:					
Hospital						
The offender's trial is adjourned until						
Case Reference No.						
PF Reference No. where known						
RMO Details						
Surname						
First Name						
Title	GMC Number					
Hospital						
Ward / Clinic (If appropriate)						
Telephone No.						
Approved under section 22 of the Act by:						
Health Board NHS						



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		To be	complete	d by RMO			
RMO's Report							
Mental Disorder	Does the offender have a me	ntal illness?	○ Yes	\bigcirc No			
	Does the offender have a per-	sonality disorder?	○ Yes	\bigcirc No			
	Does the offender have a lear	rning disability?	○ Yes	○ No			
Are the conditions menti	○ Yes	○ No					
The conditions set out at section 53(5) are: a) 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 offender;							
b) that if the offender were not provided with such medical treatment there would be a significant risk to the health, safety or welfare of the offender; or to the safety of any other person; and							
c) that the making of an interim compulsion order in respect of the offender is necessary							
Is it necessary to extend mentioned in section 536		o allow further time for the assessment	○ Yes	○ No			
Detail the reasons for your responses above, and comment on any matters specified by the court under section 53(2) of the 1995 Act to be included in this report.							
Notification							
I have submitted a copy of this report to - O the offender O any solicitor acting for the offender Name and address of the solicitor acting for the offender							
		• • • • • • • • • • • • • • • • • • • •					
Signature / Date							
Signed by the RMO							
Date dd / mm / yyyy							



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