

RMO Details

Surname

First Name

Title GMC Number

Hospital

Hospital address

Postcode

Telephone No.

e-mail address

Approved under section 22 of the Act by:

Health Board **NHS**



Examination Details

The patient was examined on - Date / /

Complete A or B as appropriate

A I, the RMO named above, examined the patient as part of a mandatory review.

OR

B I, the RMO named above, made arrangements for the patient to be examined by an approved medical practitioner as part of a mandatory review of the direction. The patient was examined by -

Surname	<input type="text"/>
First Name	<input type="text"/>
GMC Number	<input type="text"/>
Hospital	<input type="text"/>
Ward / Clinic	<input type="text"/>
Health Board	<input type="text"/>

	Agree	Disagree
I consider that the patient has a mental disorder.	<input type="radio"/>	<input type="radio"/>
I consider 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.	<input type="radio"/>	<input type="radio"/>
I consider 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.	<input type="radio"/>	<input type="radio"/>
I am satisfied that as a result of the patient's mental disorder, it is necessary, in order to protect any other person from serious harm, for the patient to be detained in hospital, whether or not for medical treatment.	<input type="radio"/>	<input type="radio"/>
I am satisfied that it continues to be necessary for the patient to be subject to the direction.	<input type="radio"/>	<input type="radio"/>

Patient's Mental Disorder (if applicable)

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](#)



Recommendation to Scottish Ministers

Shade as appropriate

- I recommend that the direction be revoked , or
- I make no recommendation (i.e. I consider that the direction should remain in place)

for the following reason(s):

1



Consultations

My recommendation has taken regard to any views expressed by the patient's MHO:

Surname [grid]

First Name [grid]

Title [grid]

Address [grid]

[grid]

[grid]

[grid]

Postcode [grid]

Telephone No. [grid]

e-mail address [grid]

Local Authority [grid]

eg Glasgow City, City of Edinburgh, Highlands, Scottish Borders, etc. (Note: the word "Council" can be omitted)

and other such persons, listed below, that I considered appropriate:

2 [grid]

Named Person Details

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

Surname [grid]

First Name [grid]

Title [grid]

Address [grid]

[grid]

[grid]

[grid]

[grid]

Postcode [grid]

Telephone [grid]

e-mail address [grid]



Advance Statement

Shade A or B as appropriate

A 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.

OR

B 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, could Scottish Ministers please ensure that it is enclosed with the application or reference.

Consultations

Curator Ad Litem

If, in your view, the patient would require a Curator Ad Litem if a tribunal was arranged, please indicate this here and give your reasons.

[Empty box for Curator Ad Litem response]

Mental Health Tribunal Hearing Requirements

Please give details below of any special requirements the patient would have if a tribunal was arranged.

[Empty box for Mental Health Tribunal Hearing Requirements]

Signature / Date

I confirm that I am submitting a report to the Scottish Ministers under section 207(2), 208(3) or 208(4) of the Act

Signed
by the patient's RMO

[Signature box]

Date
dd / mm / yyyy

[Date box: dd / mm / yyyy]

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

[Empty box for contact information]

