

DETAILS OF REQUEST TO TRANSFER PATIENT

Details on Patient's Condition

I understand that the patient has the following type(s) of mental disorder as specified in paragraphs a) to c) of section 328(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003:

The patient has a mental illness Yes No

The patient has a personality disorder Yes No

The patient has a learning disability Yes No

The patient is currently subject to the following measures under the corresponding enactment in the territory that the patient is currently located:

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Proposed Transfer

The patient is currently detained or is liable to be detained in:

Hospital

Address

Country

It is proposed the patient be transferred to the care of:

Hospital

Health Board **NHS**

Where the patient was subject to a measure corresponding to, or similar to a restriction order and has been conditionally discharged under the most closely corresponding enactment in force in the relevant territory, the address of the place where the patient is to reside in Scotland will be:

Address



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Transfer arrangements

It is proposed the patient be transferred on: Date / /

I confirm that the following arrangements have been made for admitting the patient to the receiving hospital:

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The name and address for the Authorised Medical Practitioner who is anticipated will become the patient's RMO is:

Surname

First Name

Title

Hospital

Ward / Clinic (If appropriate)

Telephone No.

Secure e-mail address

Signature / Date

The form was completed by:

Surname

First Name

Address

Secure e-mail address for responsible clinician

Signature

Date / /

For restricted *and* non- restricted patient's please return this form to -
Restricted Patients Team
Area 3ER
St Andrew's House
Regent Road
EDINBURGH
EH1 3DG

