
STATUTORY INSTRUMENTS

1984 No. 1495 (S. 123)**MENTAL HEALTH****The Mental Health (Prescribed Forms) (Scotland)
Regulations 1984**

Made - - - - 17th September 1984

Laid before Parliament 19th September 1984

Coming into Operation 30th September 1984

In exercise of the powers conferred upon me by section 58, as read with section 86, and by sections 74(9) and 96(2) of the Mental Health (Scotland) Act 1984(a), and of all other powers enabling me in that behalf, I hereby make the following regulations:—

Citation, commencement and interpretation

1.— (1) These regulations may be cited as the Mental Health (Prescribed Forms) (Scotland) Regulations 1984 and shall come into operation on 30th September 1984.

(2) Unless the context otherwise requires, any reference in these regulations to “the Act” is a reference to the Mental Health (Scotland) Act 1984, and any reference to a numbered section is a reference to the section bearing that number in the Mental Health (Scotland) Act 1984.

Prescribed forms

2. Any application, recommendation, report or certificate the form of which is required or authorised to be prescribed under the Mental Health (Scotland) Act 1984 shall be in accordance with whichever one of the forms in the Schedule to these regulations is appropriate or in a form to the like effect.

Revocation

3. The Mental Health (Forms) (Scotland) Regulations 1962(b) are hereby revoked.

(a) 1984 c.36.

(b) S.I. 1962/613.

George Younger,
One of Her Majesty's Principal
Secretaries of State.

St Andrew's House,
Edinburgh.
17th September 1984.

SCHEDULE

Regulation 2

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FORM 1

APPLICATION BY NEAREST RELATIVE FOR ADMISSION OF PATIENT TO HOSPITAL

(SECTION 18)

To the Managers of [*name and address of hospital*].

I [*name and address of applicant*] hereby apply for the admission of [*name and address of patient*] in accordance with Part V of the Mental Health (Scotland) Act 1984.

[*Either complete (a) and delete (b) and (c), or delete whichever statements do not apply*].

- (a) To the best of my knowledge and belief I am the patient's nearest relative within the meaning of the Act. I am the patient's [*state relationship*].
- (b) I am a person to whom or I am acting on behalf of a local authority to whom section 54 or 55 of the Act applies.
- (c) I have been authorised by the sheriff under section 56 of the Act to act as the patient's nearest relative. A copy of the sheriff's order is attached to this application. The order is in force.

I last saw the patient on [*date*].

This application is founded on the accompanying two medical recommendations

[*If neither of the medical practitioners knew the patient before making his recommendation please explain why it was not practicable to obtain a recommendation from a practitioner who did know the patient*].

Signed Date

FORM 2

APPLICATION BY MENTAL HEALTH OFFICER FOR ADMISSION OF PATIENT TO HOSPITAL

(SECTION 18)

To the Managers of [*name and address of hospital*].

I [*name and office address of applicant*] hereby apply for the admission of [*name and address of patient*] in accordance with Part V of the Mental Health (Scotland) Act 1984.

I am an officer of [*name of local authority*] appointed by them to act as a mental health officer for the purposes of the Act.

(*If the patient's nearest relative is known, complete either (a) or (b) AND either (c) or (d), as appropriate, and delete (e) and (f).*)

(a) To the best of my knowledge and belief [*name and address*] is the patient's nearest relative within the meaning of the Act.

or

(b) I understand that [*name and address*] has been authorised by the sheriff under section 56 of the Act to act as the patient's nearest relative.

AND

(c) I have informed that person of his/her right in accordance with section 21 of the Act to object to this application. The information was sent/given on [*date*].

OR

(d) I have not informed that person of his/her right to object to this application because [*state reasons*].

(*If the patient's nearest relative is not known, and no person is authorised to act in that capacity, delete (a) to (d) above and either (e) or (f) as appropriate.*)

(e) I have been unable to ascertain who is the patient's nearest relative within the meaning of the Act.

OR

(f) To the best of my knowledge and belief the patient has no nearest relative within the meaning of the Act.

(*Complete either (a) or (b)*)

(a) I last saw the patient on [*date*] and I am satisfied that detention in a hospital is, in all the circumstances of the case, the most appropriate way of providing the care and medical treatment which the patient needs.

OR

(b) I have been requested in accordance with section 19(6) of the Act to make this application. In my opinion the application should not be granted. The grounds on which that opinion is based are [*state grounds on which opinion is based*].

This application is founded on the accompanying two medical recommendations.

[If neither of the medical practitioners knew the patient before making his recommendation, please explain why it was not practicable to obtain a recommendation from a medical practitioner who did know the patient. Note: this does not apply in the case of an application made under section 19(6)].

Signed Date

FORM 3

MEDICAL RECOMMENDATION FOR ADMISSION TO HOSPITAL

(SECTION 18)

I [*full name and professional address of medical practitioner*], a registered medical practitioner, recommend that [*full name and address of patient*] be admitted to hospital in accordance with Part V of the Mental Health (Scotland) Act 1984.

- [*delete whichever of (a) (b) or (c) is not applicable*]
- (a) I am the patient's general medical practitioner
 - (b) I was otherwise acquainted with the patient before I examined him/her
 - (c) I have been approved by [*name*] Health Board under section 20 of the Act as having special experience in the diagnosis or treatment of mental disorder.

I last examined the patient on [*date*]

In my opinion this patient is suffering from Mental disorder, being (i) Mental illness (ii) mental handicap [*delete (i) or (ii) unless both apply*] and that form of mental disorder is [*delete any sub-paragraph which does not apply*]

- (a) a mental illness of a nature or degree which makes it appropriate for him/her to receive medical treatment in a hospital.
- (b) a mental illness which is a persistent one manifested only by abnormally aggressive or seriously irresponsible conduct and which makes it appropriate for him/her to receive in a hospital medical treatment, which is likely to alleviate or prevent a deterioration of his/her condition
- (c) mental handicap comprising severe mental impairment which makes it appropriate for him/her to receive medical treatment in a hospital
- (d) mental handicap comprising mental impairment which makes it appropriate for him/her to receive in a hospital medical treatment, which is likely to alleviate or prevent a deterioration of his/her condition

This opinion is based on the following grounds:— [*give brief description of salient features of patient's mental state*]

I am of the opinion that it is necessary

- [*delete (i) or (ii) unless both apply*]
- (i) for the patient's health or safety
 - (ii) for the protection of other persons

that he/she should receive medical treatment in a hospital and it cannot be provided unless he/she is detained under Part V of the Act. The grounds upon which this opinion is based are

[*Indicate whether other methods of care or treatment (eg out-patient treatment or local authority services) are available and, if so, why they are not appropriate, and why informal admission is not appropriate.*]

- [*Delete (a) or (b)*]
- (a) I am not related to the patient
 - (b) I am related to the patient, being his/her [*state relationship*]
- [*Delete (c) or (d)*]
- (c) I have no pecuniary interest in the admission of the patient to hospital
 - (d) I have a pecuniary interest in the admission of the patient to hospital. The nature and extent of that interest is [*state nature and extent of interest*].
- [*Delete (e) or (f)*]
- (e) I am on the staff of the hospital named in the application. Th

patient is not to be accommodated in the hospital under section 57 or 58 of the National Health Service (Scotland) Act 1978. The hospital is not a private hospital.

[Delete if not applicable]

- (f)* I am not the staff of the hospital named in the application.
- (g)* I examined the patient in company with *[name of medical practitioner giving the other medical recommendation]*. Neither the patient nor his/her nearest relative objected to a joint examination.

Signed Date

FORM 4

RENEWAL OF AUTHORITY FOR DETENTION OF PATIENT IN HOSPITAL: REPORT BY
RESPONSIBLE MEDICAL OFFICER

(SECTION 30)

[Delete as appropriate] To the Mental Welfare Commission

To the Managers of

[name of hospital in which patient is liable to be detained].

I [name of responsible medical officer]

[Complete (a) or (b)]

(a) examined [name of patient] on [date],

or

(b) have obtained the attached report by [name of medical practitioner] on the condition of [name of patient].

AND

I have consulted [names and designations] who appear to me to be principally concerned with the patient's medical treatment.

In my opinion this patient is suffering from mental disorder, being (i) mental illness (ii) mental handicap [delete (i) or (ii) unless both apply] and that form of mental disorder is [delete any sub-paragraph which does not apply].

(a) a mental illness of a nature or degree which makes it appropriate for him/her to receive medical treatment in a hospital.

(b) a mental illness which is a persistent one manifested only by abnormally aggressive or seriously irresponsible conduct and which makes it appropriate for him/her to receive in a hospital medical treatment, which is likely to alleviate or prevent a deterioration of his/her condition.

(c) mental handicap comprising severe mental impairment which makes it appropriate for him/her to receive medical treatment in a hospital

(d) mental handicap comprising mental impairment which makes it appropriate for him/her to receive in a hospital medical treatment, which is likely to alleviate or prevent a deterioration of his/her condition.

This opinion is based on the following grounds [give brief description of salient features of patient's mental state].

I am of the opinion that it is necessary [delete (i) or (ii) unless both apply]

(i) for this patient's health or safety

(ii) for the protection of other persons

that he/she should receive medical treatment in a hospital and it cannot be provided unless he/she continues to be detained under Part V of the Act. The grounds on which this opinion is based are

[indicate whether other methods of care or treatment (eg out-patient treatment or local authority services) are available, and, if so, why they are not appropriate and why informal admission is not appropriate].

Signed..... Date.....
(Responsible Medical Officer)

FORM 5

RENEWAL OF AUTHORITY FOR DETENTION OF PATIENT WHEN RESTRICTION DIRECTION CEASES TO HAVE EFFECT: REPORT BY THE RESPONSIBLE MEDICAL OFFICER

(SECTION 74)

[Delete as appropriate] To the Mental Welfare Commission
To the Managers of

[name of hospital in which patient is liable to be detained]

I [name of responsible medical officer] have obtained the attached report from [name of medical practitioner] on the condition of [name of patient] who will cease to be subject to a restriction direction on [date].

Taking that report into account, I am of the opinion that it is necessary

[Delete (a) or (b)] (a) in the interests of the patient's health or safety;
unless both apply] (b) for the protection of other persons

that the patient should continue to be liable to be detained in hospital beyond the date on which the restriction order ceases to have effect.

This opinion is based on the following grounds

[Indicate why other methods of care or treatment, including continued treatment in hospital without liability to detention, are not considered appropriate.]

Signed..... Date.....
(Responsible Medical Officer)

FORM 6

MEDICAL REPORT ON CONDITION OF PATIENT WHEN RESTRICTION DIRECTION
CEASES TO HAVE EFFECT

(SECTION 74)

I [full name and professional address of medical practitioner], a registered medical practitioner, examined [full name of patient] at [place of examination] on [date]

In my opinion this patient is suffering from mental disorder being (i) mental illness (ii) mental handicap [*delete (i) or (ii) unless both apply*] and that form of mental disorder is—*[delete any sub-paragraph which does not apply]*

- (a) a mental illness of a nature or degree which makes it appropriate for him/her to receive medical treatment in a hospital.
- (b) a mental illness which is a persistent one manifested only by abnormally aggressive or seriously irresponsible conduct and which makes it appropriate for him/her to receive in a hospital medical treatment, which is likely to alleviate or prevent a deterioration of his/her condition.
- (c) mental handicap comprising severe mental impairment which makes it appropriate for him/her to receive medical treatment in a hospital.
- (d) mental handicap comprising mental impairment which makes it appropriate for him/her to receive in a hospital medical treatment, which is likely to alleviate or prevent a deterioration of his/her condition.

This opinion is based on the following grounds [*give brief description of salient features of patient's mental state.*]

Signed Date

FORM 7

REPORT BY RESPONSIBLE MEDICAL OFFICER FOLLOWING ADMISSION TO HOSPITAL
OF PATIENT REMOVED TO SCOTLAND

(SECTION 88)

To the managers of [*name of hospital*]

On [*date*] I [*name of responsible medical officer*] examined [*name of patient*] who was previously a patient in [*name and address of hospital from which patient was removed to Scotland*] and who was admitted to the first above named hospital on [*date*].

In my opinion the patient is suffering from (i) mental illness (ii) mental handicap [*delete (i) or (ii) unless both apply*] of a nature or degree which makes it appropriate that he/she should be liable to be detained in hospital for medical treatment.

Signed..... Date.....
(*Responsible Medical Officer*)

FORM 8

CERTIFICATE OF CONSENT TO TREATMENT AND SECOND OPINION

(SECTION 97)

(Both Parts I and II of this certificate must be completed)

PART I

I [full name and professional address] being a medical practitioner appointed for the purposes of Part X of the Act by the Mental Welfare Commission and we [full name, address and designation] and we [full name address and designation] being two persons appointed by the Commission for the purposes of section 97(2)(a) of the Act, certify that [name], a patient who is liable to be detained in [name of hospital], is capable of understanding the nature, purpose and likely effects of [give description of treatment or plan of treatment] AND has consented to that treatment.

Signed Date

Signed Date

Signed Date

PART II

I [full name], being a medical practitioner appointed for the purposes of Part X of the Act, having consulted [names and designations] who appear to me to be principally concerned with the medical treatment of the patient named in Part I above, certify that, having regard to the likelihood of the treatment specified in Part I alleviating or preventing a deterioration of the patient's condition, that treatment should be given.

Signed Date

FORM 9

CERTIFICATE OF CONSENT TO TREATMENT

(SECTION 98)

I *[full name and professional address]* being

[Delete either (a) or (b)] (a) the responsible medical officer
(b) a medical practitioner appointed for the purposes of Part X of the Act by the Mental Welfare Commission

certify that *[full name of patient]*, a patient who is liable to be detained in *[name of hospital]*, is capable of understanding the nature, purpose and likely effects of *[give description of treatment or plan of treatment]* AND has consented to that treatment.

Signed..... Date.....

FORM 10

CERTIFICATE OF SECOND OPINION

(SECTION 98)

I [full name and professional address] being a medical practitioner appointed for the purpose of Part X of the Act by the Mental Welfare Commission, having consulted [names and designations] who appear to me to be principally concerned with the medical treatment of [name], a patient who is liable to be detained in [name of hospital], certify that the patient—

- [Delete (a) or (b)] (a) is not capable of understanding the nature, purposes and likely effects of
- (b) being capable of understanding its nature purpose and likely effects, has not consented to

[give description of treatment or plan of treatment] but that, having regard to the likelihood of its alleviating or preventing a deterioration of the patient's condition, that treatment should be given.

Signed Date

FORM 11

GUARDIANSHIP APPLICATION BY NEAREST RELATIVE

(SECTION 37)

(To be completed by nearest relative)

To [name of local authority for area in which patient resides]

I [name and address of applicant] hereby apply for the reception of [name and address of patient] into the guardianship of [name and address of proposed guardian] in accordance with Part V of the Mental Health (Scotland) Act 1984.

[Either complete (a) and delete (b) and (c), or delete whichever statements do not apply.]

- (a) To the best of my knowledge and belief I am the patient's nearest relative within the meaning of the Act. I am the patient's [state relationship].
- (b) I am a person/I am acting on behalf of a local authority to whom section 54 or 55 of the Act applies.
- (c) I have been authorised by the sheriff under section 56 of the Act to act as the patient's nearest relative. A copy of the sheriff's order is attached to this application. The order is in force.

I last saw the patient on [date].

[Complete (i) unless the patient's date of birth is unknown]

- (i) The patient's date of birth is [date]

OR

- (ii) I believe the patient is aged 16 years or over.

This application is founded on the accompanying two medical recommendations and a recommendation by a mental health officer.

[If neither of the medical practitioners knew the patient before making his recommendation, please explain why it was not practicable to obtain a recommendation from a medical practitioner who did know the patient].

Signed Date.....

FORM 12

GUARDIANSHIP APPLICATION BY MENTAL HEALTH OFFICER

(SECTION 37)

(To be completed by mental health officer)

To [name of local authority for area in which patient resides].

I [name and office address of applicant] hereby apply for the reception of [name and address of patient] into the guardianship of [name and address of proposed guardian] in accordance with Part V of the Mental Health (Scotland) Act 1984.

I am an officer of [name of local authority] appointed by them to act as a mental health officer for the purposes of the Act.

[If the patient's nearest relative is known, complete either (a) or (b) AND either (c) or (d), as appropriate, and delete (e) and (f)]

(a) To the best of my knowledge and belief [name and address] is the patient's nearest relative within the meaning of the Act.

OR

(b) I understand that [name and address] has been authorised by the sheriff under section 56 of the Act to act as the patient's nearest relative.

AND

(c) I have informed that person of his/her right in accordance with section 40 of the Act to object to this application. The information was sent/given on [date].

OR

(d) It has not been practicable for me to inform that person of his/her right to object to this application because [state reasons].

[If the patient's nearest relative is not known, and no person is authorised to act in that capacity, delete (a) to (d) above and either (e) or (f) as appropriate.]

(e) I have been unable to ascertain who is the patient's nearest relative within the meaning of the Act.

OR

(f) To the best of my knowledge and belief the patient has no nearest relative within the meaning of the Act.

I last saw the patient on [date]

[Complete (i) unless the patient's date of birth is unknown]

(i) The patient's date of birth is [date]

OR

(ii) I believe the patient is aged 16 years or over.

This application is founded on the accompanying two medical recommendations and a recommendation by a mental health officer.

[If neither of the medical practitioners knew the patient before making his recommendation, please explain why it was not practicable to obtain a recommendation from a practitioner who did know the patient].

Signed..... Date.....

FORM 13

MEDICAL RECOMMENDATION FOR RECEPTION INTO GUARDIANSHIP

(SECTION 37)

I [*full name and professional address of medical practitioner*], a registered medical practitioner, recommend that [*name and address of patient*] be received into guardianship in accordance with Part V of the Mental Health (Scotland) Act 1984.

- [Delete whichever of (a) (b) or (c) is not applicable]
- (a) I am the patient's general medical practitioner
 - (b) I was otherwise acquainted with the patient before I examined him/her
 - (c) I have been approved by [*name*] Health Board under section 40 of the Act as having special experience in the diagnosis or treatment of mental disorder.

I last examined the patient on [*date*].

In my opinion the patient is suffering from (i) mental illness (ii) mental handicap [*delete (i) or (ii) unless both apply*] of a nature or degree which warrants his/her reception into guardianship.

This opinion is based on the following grounds

[*give brief description of salient features of patient's mental state*]

- [Delete (a) or (b)]
- (a) I am not related to the patient
 - (b) I am related to the patient being his/her [*state relationship*]
- [Delete (c) or (d)]
- (c) I have no pecuniary interest in the reception of the patient into guardianship
 - (d) I have a pecuniary interest in the reception of the patient into guardianship. The nature and extent of that interest is [*state nature and extent of interest*]
- [Delete if not applicable/]
- (e) I examined the patient in company with [*name of medical practitioner giving the other medical recommendation*] Neither the patient nor/his nearest relative objected to a joint examination.

Signed..... Date.....

FORM 14

RECOMMENDATION BY MENTAL HEALTH OFFICER FOR RECEPTION INTO
GUARDIANSHIP

(SECTION 37)

I [*full name and office address of mental health officer*], an officer of [*name of local authority*] appointed by them to act as a mental health officer for the purposes of the Mental Health (Scotland) Act 1984, recommend that [*full name and address of patient*] be received into guardianship in accordance with Part V of the Act.

In my opinion it is necessary in the interests of the welfare of the patient that he/she should be received into guardianship.

This opinion is based on the following grounds:— [*statement of grounds*]

- (Delete (a) or (b)) (a) I am not related to the patient
(b) I am related to the patient, being his/her [*state relationship*]

AND

- (Delete (c) or (d)) (c) I have no pecuniary interest in the reception of the patient into guardianship
(d) I have a pecuniary interest in the reception of the patient into guardianship. The nature and extent of that interest is [*state nature and extent of interest*].

Signed..... Date.....

FORM 15

RENEWAL OF AUTHORITY FOR GUARDIANSHIP

REPORT BY RESPONSIBLE MEDICAL OFFICER

(SECTION 47)

To *[names of mental health officer and local authority concerned]*, I *[name and address of responsible medical officer]*.

Complete (a) or (b)

(a) examined *[full name and address of patient]* on *[date]*

(b) have obtained the attached report by *[name of medical practitioner]* on the condition of *[full name and address of patient]*.

I am of the opinion that the patient is suffering from *[insert mental illness and/or mental handicap]* of a nature or degree which warrants his/her continuing to be subject to guardianship.

This opinion is based on the following grounds:—

[Give brief description of salient features of patient's mental state.]

Signed..... Date.....
(Responsible Medical Officer)

FORM 16

RENEWAL OF AUTHORITY FOR GUARDIANSHIP

REPORT BY MENTAL HEALTH OFFICER

(SECTION 47)

(Delete as appropriate)

To the Mental Welfare Commission

To *[name of local authority concerned]*

I *[full name and office address of mental health officer]* being an officer of *[name of local authority]* appointed by them to act as a mental health officer for the purposes of the Mental Health (Scotland) Act 1984, having received from *[name of responsible medical officer]* the attached report on *[full name and address of patient]* and having considered that report, am of the opinion that it is necessary in the interests of the welfare of the patient that he/she should continue to be subject to guardianship.

This opinion is based on the following grounds:— *[statement of grounds]*

Signed..... Date.....

FORM 17

REPORT BY RESPONSIBLE MEDICAL OFFICER FOLLOWING RECEPTION INTO
GUARDIANSHIP OF PATIENT REMOVED TO SCOTLAND

(SECTION 88)

To *[name of local authority concerned]*.

On *[date]* I *[name of responsible medical officer]* examined *[full name of patient]* who was previously under the guardianship of *[full name and address of former guardian]* and who was received into the guardianship of *[full name and address of guardian in Scotland]* on *[date]*.

In my opinion, the patient is suffering from *[insert mental illness and/or mental handicap]* of the nature or degree which warrants his/her continuing to be subject to guardianship.

Signed..... Date.....
(Responsible Medical Officer)

EXPLANATORY NOTE

(This Note does not form part of the Regulations.)

These Regulations prescribe the forms (which are laid out in the Schedule) to be used in connection with procedures for the compulsory admission to and the detention in hospital of patients, or their reception into guardianship, under Part V of the Mental Health (Scotland) Act 1984, and in connection with the administering of certain forms of medical treatment for which either a patient's certified consent or a certified second opinion, or both, are required. Each form in the Schedule contains a reference to the provision of the 1984 Act which requires that form to be prescribed.

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