

SCHEDULE 1

ENABLING POWERS

These Regulations are made under the following provisions of the Mental Health (Scotland) Act 1984:—

- (a) (i) (a) Section 58 as read with section 86, and
(b) the following provisions of the Act which require forms to be prescribed:—

Section 18(1) and (2)

Section 30(3)

Section 31B(2)(1)

Section 35 B(6) and (7)(2)

Section 35C(5)

Section 35D(3)

Section 35E(6)

Section 35G(6)

Section 35H(1)

Section 37(1) and (3)

Section 47(3)

Section 48B(2)

Section 74(9) and (12)(3)

Section 88(1), and

- (a) (ii) (a) Section 96(2), and

- (b) the following provisions referring to certificates in such form as may be prescribed:—

Section 97

Section 98(3)(a)

Section 98(3)(b).

SCHEDULE 2

Regulation 3

INDEX OF PRESCRIBED FORMS

Form	Title
1	Application by nearest relative for admission of patient to hospital.
2	Application by mental health officer for admission of patient to hospital.
3	Medical recommendation for admission to hospital.

(1) Section 31B was inserted by the Mental Health (Patients in the Community) Act 1995 (c. 52), “the 1995 Act”, section 5(2).

(2) Sections 35B, 35C, 35D, 35E, 35G, and 35H were inserted by the 1995 Act, section 4(1).

(3) Section 74 was substituted by the Prisoners and Criminal Proceedings (Scotland) Act 1993 (c. 9), section 4(3).

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Form	Title
4	Renewal of authority for detention in hospital: Report by responsible medical officer.
5	Renewal of authority for detention of patient when restriction direction ceases to have effect: Report by responsible medical officer.
6	Medical report on condition of patient when restriction direction ceases to have effect.
7	Report by responsible medical officer following admission to hospital of a patient removed to Scotland.
8	Certificate of consent to treatment and second opinion.
9	Certificate of consent to treatment.
10	Certificate of second opinion.
11	Guardianship application by nearest relative.
12	Guardianship application by mental health officer.
13	Medical recommendation for reception into guardianship.
14	Recommendation by mental health officer for reception into guardianship.
15	Renewal of authority for guardianship: Report by responsible medical officer.
16	Renewal of authority for guardianship: Report by mental health officer.
17	Report by responsible medical officer following reception into guardianship of patient removed to Scotland.
18	Application by responsible medical officer for community care order.
19	Medical recommendation for community care order.
20	After-care report for community care order.
21	Renewal of community care order: Report by special medical officer.
22	Variation of conditions of community care order.
23	Notification of change of special medical officer under community care order.
24	Notification of change of after-care officer under community care order.

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Form	Title
25	Direction for community care order patient to be admitted to hospital for assessment.
26	Medical report to accompany direction for admission to hospital for assessment.
27	Medical report for community care order patient following admission to hospital for assessment.

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, date of birth 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)

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

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

I [name and office address of applicant] hereby apply for the admission of [name, date of birth 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.

I last saw the patient on [date].

and

- (a) 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 [delete (a) or (b) and 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

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

I [full name and professional address of medical practitioner], a registered medical practitioner, recommend that [full name, date of birth 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 with or without the need for a community care order) 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. The 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.
 - (f) I am not on the staff of the hospital named in the application.
- [Delete if not applicable]
- (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

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

FORM 4RENEWAL OF AUTHORITY FOR DETENTION OF PATIENT IN HOSPITAL:
REPORT BY RESPONSIBLE MEDICAL OFFICER(SECTION 30)(SECTION 31B)

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

[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 and date of birth of patient] on [date],
or
- (b) have obtained the attached report by [name of medical practitioner] on the condition of [name and date of birth of patient].

AND

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

[Delete if renewal under section 30] I have also consulted [name] a mental health officer with [name of local authority]

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 with or without the need for a community care order) are available, and, if so, why they are not appropriate and why informal admission is not appropriate].

Signed Date

(Responsible Medical Officer)

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

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 and date of birth 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) unless both apply] (a) for the patient's health or safety,
(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)

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

I [full name and professional address of medical practitioner], a registered medical practitioner, examined [full name and date of birth 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 7REPORT 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 and date of birth 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 8CERTIFICATE OF CONSENT TO TREATMENT AND SECOND OPINION(SECTION 97)(Both Parts I and II of this certificate must be completed)

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

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 [*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 and date of birth 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

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(3)(a))

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

PART I

I [full name and profession 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 [name and date of birth 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 period of time during which treatment is to be given] AND has consented to that treatment.

PART II

(This Part is to be completed where the treatment consented to is a form of treatment within section 98(1)(b) of the Act)

I confirm from the patient's medical records that medicine was first administered during a period for which the patient is liable to be detained on [give date] and 3 months or more have elapsed since that date.

Signed Date

FORM 10 CERTIFICATE OF SECOND OPINION (SECTION 98(3)(b))

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

PART I

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 and date of birth of patient], 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 and period of time during which treatment is to be given] but that, having regard to the likelihood of its alleviating or preventing a deterioration of the patient's condition, that treatment should be given.

PART II

(This part is to be completed where the treatment for which the second opinion is given is a form of treatment within section 98(1)(b) of the Act).

I confirm from the patient's medical records that medicine was first administered during a period for which the patient is liable to be detained on [give date] and 3 months or more have elapsed since that date.

Signed Date

FORM 11 GUARDIANSHIP APPLICATION BY NEAREST RELATIVE (SECTION 37) (To be completed by nearest relative)

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

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)

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

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 13MEDICAL RECOMMENDATION FOR RECEPTION INTO GUARDIANSHIP(SECTION 37)

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

I [full name and professional address of medical practitioner], a registered medical practitioner, recommend that [name, date of birth 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 39 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 14RECOMMENDATION BY MENTAL HEALTH OFFICER FOR RECEPTION INTO GUARDIANSHIP(SECTION 37)

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

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 [name, date of birth 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 15RENEWAL OF AUTHORITY FOR GUARDIANSHIP: REPORT BY RESPONSIBLE MEDICAL OFFICER(SECTION 47)(SECTION 48B)

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

- Complete (a) or (b)
- (a) examined [name, date of birth and address of patient] on [date].
- (b) have obtained the attached report by [name of medical practitioner] on the condition of [name, date of birth 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)

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

FORM 16RENEWAL 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 *[name, date of birth 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 17REPORT 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 *[name and date of birth 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 a nature or degree which warrants his/her continuing to be subject to guardianship.

Signed Date
(Responsible Medical Officer)

FORM 18APPLICATION BY RESPONSIBLE MEDICAL OFFICER FOR COMMUNITY CARE ORDER(SECTION 35B)

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

I [name and professional address] being the responsible medical officer of [name, date of birth and home address (if available) of patient] liable to be detained in [name of hospital] hereby apply for a community order to be made in respect of the patient named above in accordance with Part V of the Mental Health (Scotland) Act 1984.

[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.

I have consulted the following people about this application [Give names, designations and description of category of those consulted].

[Delete if nearest relative is consulted] The patient's nearest relative was not consulted because [give brief summary of reasons].

I consider that the following conditions should be specified in the community care order with a view to ensuring that the patient receives medical treatment and after-care services.

[Set out list of proposed conditions].

The patient's special medical officer is to be [give name and professional address] who is a medical practitioner approved for the purposes of section 20 of the Act by [name] Health Board.

The patient's after-care officer is to be [give name and office address] who is an officer of [insert name of local authority] appointed to act as a mental health officer for the purposes of the Act.

I consider that a community care order for this patient should have effect for a period of [state period of time].

This application is founded on the accompanying two medical recommendations and the accompanying report from the person who is to be the patient's after-care officer.

[If it was not practicable to obtain one of the medical recommendations from a medical practitioner who had previous acquaintance with the patient, please explain why].

Signed Date

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

FORM 19 MEDICAL RECOMMENDATION FOR COMMUNITY CARE ORDER (SECTION 35B)

I [full name and professional address of medical practitioner], recommend that [name, date of birth and home address (if available) of patient] who is currently liable to be detained in (name of hospital) be made the subject of a community care order 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 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] of a nature or degree which makes it appropriate for the patient to receive medical treatment, but the grounds for admission to and detention in hospital set out in section 17(1) of the Act do not apply to the patient.

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

I am of the opinion that a community care order is necessary for this patient-

- (i) with a view to ensuring that he/she receives medical treatment and the after-care services to be provided for him/her under section 8 of the Act; and
- [Delete (ii) or (iii) unless both apply] (ii) in the interests of this patient's health or safety.
- (iii) with a view to the protection of other persons.

The grounds on which this opinion is based are [indicate why other methods of care or treatment (eg: out-patient treatment or local authority services without the need for supervision under a community care order) are not appropriate].

Signed Date

FORM 20 AFTER-CARE REPORT FOR COMMUNITY CARE ORDER (SECTION 35B)

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

I [full name and office address of officer] an officer of [name of local authority] appointed to act by them as a mental health officer for the purposes of the Mental Health (Scotland) Act 1984 am of the opinion that [name, date of birth and home address (if available) of patient] should be made the subject of a community care order in accordance with Part V of the Mental Health (Scotland) Act 1984.

I am of the opinion that an order is necessary for this patient-

(i) with a view to ensuring that he/she receives medical treatment and the after-care services to be provided for him/her under section 8 of the Act; and

[Delete (ii) or (iii) unless both apply] (ii) in the interests of this patient's health or safety.
(iii) with a view to the protection of other persons.

The grounds on which this opinion is based are [indicate why other methods of care or treatment (eg: out-patient treatment or local authority services without the need for supervision under a community care order) are not appropriate].

I am to be the after-care officer for this patient.

I have the following information about the patient's social circumstances [give report on the patient's social circumstances].

I have the following information about the after-care services proposed for this patient [detail after-care services to be provided and any relevant information about the services].

I have the following information about care other than medical treatment or after-care services which are to be provided [Detail any non-statutory care eg: from relatives, informal carers, voluntary organisations not operating under contract with the local authority].

Signed Date

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

To the Mental Welfare Commission

I [name of special medical officer] examined [name and date of birth of patient] on [date]

AND

I have consulted the following people about this renewal [give names, designations and description of category of those consulted]

[Delete if nearest relative is consulted] The patient's nearest relative was not consulted because (give brief summary of reasons).

In my opinion this patient is suffering from mental disorder, being (i) mental illness (ii) mental handicap [delete (i) or (ii) unless both apply], of a nature or degree which makes it appropriate for him to receive medical treatment, but the grounds for admission to and detention in hospital set out in section 17(1) of the Act do not apply to the patient.

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

I am of the opinion that a community care order continues to be necessary for this patient-

(i) with a view to ensuring that he/she receives medical treatment and the after-care services to be provided for him/her under section 8 of the Act; and

[Delete (ii) or (iii) unless both apply] (ii) in the interests of this patient's health or safety.
(iii) with a view to the protection of other persons.

The grounds on which this opinion is based are: [Indicate why other methods of care or treatment (eg: out-patient treatment or local authority services without the need for supervision under a community care order) are not appropriate].

The community care order effective on [date] is renewed for a further period of [specify period] from [insert date on which renewal is effective] to [insert date]

I have today sent a copy of this report to

- (a) the patient;
- (b) all the people consulted;
- (c) the patient's after-care officer.

Signed Date

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

I, [name] am the special medical officer of [name, date of birth and address of patient] who is currently the subject of a community care order

made by the sheriff of the sheriffdom of [name] at [town] on [date of making]

[Delete if not applicable] and renewed on [date of renewal]

I have consulted the following people:-

[give names, designations and description of category of those consulted]

[Delete if nearest relative is consulted]

The patient's nearest relative was not consulted because-
[give brief summary of reasons].

I propose that the following changes be made to the existing conditions of this patient's community care order [detail conditions to be deleted, modified or added].

I have today sent a copy of this Note of Variation to-

(a) the patient;

[N.B. If the patient wishes to object or to make representations concerning the proposed variation of conditions, he should within 7 days of receiving this Note, inform the Sheriff Clerk at [insert town]].

(b) the nearest relative, if consulted;

(c) the after-care officer;

(d) the sheriff clerk for the sheriff at [town].

Signed Date

FORM 23NOTIFICATION OF CHANGE OF SPECIAL MEDICAL OFFICER UNDER COMMUNITY CARE ORDER(SECTION 35E)

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

I, [full name and professional address] have agreed with [name] that I will be the new special medical officer for [name, date of birth and address of patient] who is subject to a community care order.

I assume principal responsibility for his/her medical treatment on [date].

I am a medical practitioner approved by [name] Health Board for the purposes of section 20 of the Act as having special experience in the diagnosis or treatment of mental disorder.

I have today sent a copy of this notification to-

- (a) the patient;
- (b) the patient's nearest relative (if consulted);
- (c) the patient's after-care officer;
- (d) the Mental Welfare Commission;
- (e) any person who I believe plays or is to play a substantial part in the care of the patient but is not, and will not be, professionally concerned with the after-care services provided or to be provided.

Signed Date

FORM 24NOTIFICATION OF CHANGE OF AFTER-CARE OFFICER UNDER COMMUNITY CARE ORDER(SECTION 35E)

I, [full name and office address] have agreed with [name] that I will be the new after-care officer for [name, date of birth and address of patient] who is subject to a community care order.

I assume responsibility for co-ordinating the after-care services provided for this patient under section 8 of the Act on [date].

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

I have today sent a copy of this notification to-

- (a) the patient;
- (b) the nearest relative (if consulted);
- (c) the special medical officer;
- (d) the Mental Welfare Commission;
- (e) any person who I believe plays or is to play a substantial part in the care of the patient but is not, and will not be professionally concerned with the after-care services provided or to be provided.

Signed Date

FORM 25DIRECTION FOR COMMUNITY CARE ORDER PATIENT TO BE ADMITTED TO HOSPITAL FOR ASSESSMENT(SECTION 35G)

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

To the managers of [name and address of hospital]

I, [name] being the special medical officer for [name, date of birth and address of patient] have consulted the following people:-

[give names, designations and description of category of those consulted]

[Delete if nearest relative is consulted] The patient's nearest relative was not consulted because [give brief summary of reasons].

AND

I consider that [delete (i) or (ii)] (i) since the making of the community care order (ii) since the renewal of the community care order (a) this patient's mental condition has deteriorated and (b) his/her mental condition is or is likely to become such as to give grounds for serious concern regarding-

[Delete (i) or (ii) unless both apply] (i) the patient's health or safety. (ii) the protection of other persons.

I have examined the patient and prepared a report on his/her condition. I have also arranged for [name of medical practitioner] to examine the patient and provide a report. Both reports are attached hereto.

I have obtained the consent of [name of patient's after-care officer] to the making of this direction.

AND

I hereby direct [name of patient] to attend [name and address of hospital] to be admitted and detained therein for assessment or assessment followed by medical treatment in accordance with section 35G of the Act for a period not exceeding 7 days beginning on [date of admission].

I have today sent a copy of this direction and of both medical reports to-

- (a) the patient's nearest relative (if consulted);
(b) the patient's after-care officer;
(c) the Mental Welfare Commission;
(d) any person who I believe plays a substantial part in the care of the patient but is not professionally concerned with the after-care services provided.

Signed Date

FORM 26MEDICAL REPORT TO ACCOMPANY DIRECTION FOR ADMISSION TO HOSPITAL FOR ASSESSMENT(SECTION 35G)

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

I, [full name and professional address of medical practitioner] examined [name and date of birth of patient] on [date], who was admitted to [name] hospital on [date].

[Delete (i) or (ii)]

(i) I am the patient's responsible medical officer.

(ii) I am a registered medical practitioner.

[Delete if not applicable]

(iii) I have been approved by [name] Health Board for the purposes of section 20 of the Act as having special experience in the diagnosis or treatment of mental disorder.

[Delete whichever of the following is not applicable]

EITHER

In my opinion this patient is suffering from mental disorder being [delete (i) or (ii) unless both apply] (i) mental illness, (ii) mental handicap, of a nature or degree which makes it appropriate for the patient to receive medical treatment, but the grounds for admission to and detention in a hospital set out in section 17(1) of the Act do not apply to the patient.

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

I am of the opinion that a community care order continues to be necessary for this patient

(i) with a view to ensuring that he/she receives medical treatment and the after-care services to be provided for him/her under section 8 of the Act; and

[Delete either (ii) or (iii) unless both apply]

(ii) in the interests of the patient's health or safety.

(iii) with a view to the protection of other persons.

The grounds on which this opinion is based are [indicate why other methods of care or treatment (eg: out-patient treatment or local authority services without the need for supervision under a community care order) are not appropriate].

OR

In my opinion this patient is suffering from mental disorder which makes it appropriate for him to be admitted to and detained in hospital in accordance with the grounds set out in section 17(1)(a) and (b) of the Act and a medical recommendation to accompany an application for admission is attached.

Signed

Date