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IECHYD MEDDWL, CYMRU

**Rheoliadau Iechyd Meddwl (Ysbyty, Gwarcheidiaeth,
Triniaeth Gymunedol a Chydsynio i Driniaeth) (Cymru) 2008**

<i>Gwnaed</i> - - - -	<i>15 Medi 2008</i>
<i>Gosodwyd gerbron Cynulliad</i>	
<i>Cenedlaethol Cymru</i> - -	<i>17 Medi 2008</i>
<i>Yn dod i rym</i> - -	<i>3 Tachwedd 2008</i>

Mae Gweinidogion Cymru drwy arfer y pwerau a roddwyd gan adrannau 9, 17F(2), 19(1) a (4), 19A, 32(1), (2) a (3), 57(1)(b), 58A(1)(b), 64(2), 64H(2) a 134(3A)(a) ac (8) o Ddeddf Iechyd Meddwl 1983(1), ac ar ôl ymgynghori â'r cyrff hynny y mae'n ymddangos iddynt eu bod yn ymwneud â hyn yn unol ag adran 57(4) a 58A(8), drwy hyn yn gwneud y rheoliadau canlynol—

RHAN 1

Cyffredinol

Enwi, cymhwyso a chychwyn

1. Enw'r Rheoliadau hyn yw Rheoliadau Iechyd Meddwl (Ysbyty, Gwarcheidiaeth, Triniaeth Gymunedol a Chydsynio i Driniaeth) (Cymru) 2008, maent yn gymwys o ran Cymru ac yn dod i rym ar 3 Tachwedd 2008.

Dehongli

2.—(1) Yn y Rheoliadau hyn, onid yw'r cyd-destun yn mynnu fel arall —

mae i “cyfathrebiad electronig” yr ystyr a roddir i “*electronic communication*” yn adran 15(1) o Ddeddf Cyfathrebu Electronig 2000(2);

mae “cyflwyno” (“*served*”), mewn perthynas â dogfen, yn cynnwys ei chyfeirio, ei thraddodi, ei rhoi, ei hanfon ymlaen, ei darparu neu ei hanfon;

ystyr “diwrnod busnes” (“*business day*”) yw unrhyw ddiwrnod ac eithrio dydd Sadwrn, dydd Sul neu ŵyl banc;

(1) 1983, p.20, fel y'i diwygiwyd gan Ddeddf Iechyd Meddwl 2007, p.12.
(2) 2000 p.7.

ystyr “dogfen” (“*document*”) yw unrhyw gais, argymhelliad, cofnod, adroddiad, gorchymyn, hysbysiad neu ddogfen arall;

ystyr “y Ddeddf” (“*the Act*”) yw Deddf Iechyd Meddwl 1983;

ystyr “gwarcheidwad preifat” (“*private guardian*”), mewn perthynas â chlaf, yw person, ac eithrio awdurdod gwasanaethau cymdeithasol lleol, sy'n gweithredu fel gwarcheidwad o dan y Ddeddf;

ystyr “gŵyl banc” (“*bank holiday*”) yw gŵyl banc o dan Ddeddf Bancio a Thrafodion Ariannol(3);

ystyr “ysbyty arbennig” (“*special hospital*”) yw ysbyty lle y darperir gwasanaethau seiciatrig tra diogel;

ystyr “tribiwnlys” (“*tribunal*”) yw Tribiwnlys Iechyd Meddwl Cymru neu'r Tribiwnlys Haen Gyntaf a sefydlwyd o dan Ddeddf Tribiwnlysoedd, Llysoedd a Gorfodi 2007(4) yn ôl y digwydd.

(2) Ac eithrio i'r graddau y mae'r cyd-destun yn mynnu fel arall, mae unrhyw gyfeiriad yn y Rheoliadau hyn at —

- (a) adran â Rhif yn gyfeiriad at yr adran o'r Ddeddf sy'n dwyn y Rhif hwnnw;
- (b) rheoliad â Rhif neu Atodlen â Rhif yn gyfeiriad at y rheoliad yn y Rheoliadau hyn, neu'r Atodlen iddynt, sy'n dwyn y Rhif hwnnw;
- (c) paragraff â Rhif yn gyfeiriad at y paragraff yn y rheoliad hwnnw sy'n dwyn y Rhif hwnnw;
- (ch) ffurflen alffaniwmerig yn gyfeiriad at y ffurflen yn Atodlen 1 honno sy'n dwyn y dynodiad hwnnw.

Dogfennau

3.—(1) Ac eithrio mewn achos y mae paragraffau (2), (3), (4) neu (5) yn gymwys iddo, caniateir i unrhyw ddogfen y mae'n ofynnol neu yr awdurdodir ei chyflwyno i unrhyw awdurdod, corff neu berson gan neu o dan Ran 2 o'r Ddeddf (derbyniad gorfodol i ysbyty, gwarcheidiaeth a thriniaeth gymunedol o dan oruchwyliaeth) neu'r Rheoliadau hyn gael ei chyflwyno —

- (a) drwy ei thraddodi i'r awdurdod, corff neu berson y mae i'w chyflwyno iddo; neu
- (b) drwy ei thraddodi i unrhyw berson sydd wedi'i awdurdodi i'w chael gan yr awdurdod, y corff neu'r person hwnnw; neu
- (c) drwy ei hanfon yn rhagdaledig drwy'r post a'i chyfeirio at —
 - (i) yr awdurdod neu'r corff yn ei swyddfa gofrestredig neu ei brif swyddfa, neu
 - (ii) y person y mae i'w chyflwyno iddo ym mhreswylfan arferol neu breswylfan hysbys ddiwethaf y person hwnnw; neu
- (ch) drwy ei thraddodi gan ddefnyddio system post mewnol a ddefnyddir gan yr awdurdod, y corff neu'r person.

(2) Rhaid i unrhyw gais am dderbyn claf i ysbyty o dan Ran 2 o'r Ddeddf gael ei gyflwyno drwy draddodi'r cais i un o swyddogion rheolwyr yr ysbyty, y cynigir bod y claf yn cael ei dderbyn iddo, sef swyddog a awdurdodwyd ganddynt i gael y cais hwnnw.

(3) Pan fo claf yn agored i gael ei gadw'n gaeth mewn ysbyty o dan Ran 2 o'r Ddeddf, rhaid cyflwyno—

- (a) unrhyw orchymyn gan berthynas agosaf y claf o dan adran 23 i ollwng y claf, a
- (b) yr hysbysiad o'r gorchymyn hwnnw o dan adran 25(1) —

(3) 1971 p.80.

(4) 2007 p.15.

- (i) drwy draddodi'r gorchymyn neu'r hysbysiad yn yr ysbyty hwnnw i un o swyddogion y rheolwyr sydd wedi'i awdurdodi ganddynt i'w gael, neu
 - (ii) drwy ei anfon yn rhagdaledig drwy'r post at y rheolwyr hynny yn yr ysbyty hwnnw, neu
 - (iii) drwy ei draddodi gan ddefnyddio system post mewnlol a weithredir gan y rheolwyr y mae i'w gyflwyno iddynt, os yw'r rheolwyr hynny'n cytuno.
- (4) Pan fo claf yn glaf cymunedol, rhaid cyflwyno—
- (a) unrhyw orchymyn gan ei berthynas agosaf o dan adran 23(1A) i ollwng y claf, a
 - (b) yr hysbysiad o'r gorchymyn hwnnw a roddir o dan adran 25(1A) —
 - (i) drwy draddodi'r gorchymyn neu'r hysbysiad yn ysbyty cyfrifol y claf i un o swyddogion y rheolwyr sydd wedi'i awdurdodi ganddynt i'w gael, neu
 - (ii) drwy ei anfon yn rhagdaledig drwy'r post at y rheolwyr hynny yn yr ysbyty hwnnw, neu
 - (iii) drwy ei draddodi gan ddefnyddio system post mewnlol a weithredir gan y rheolwyr y mae i'w gyflwyno iddynt, os yw'r rheolwyr hynny'n cytuno.
- (5) Rhaid cyflwyno unrhyw adroddiad a wneir o dan adran 5(2) (cadw claf yn gaeth sydd eisoes wedi bod yn yr ysbyty am 72 awr) drwy—
- (a) ei draddodi i un o swyddogion rheolwyr yr ysbyty sydd wedi'i awdurdodi ganddynt i'w gael, neu
 - (b) ei draddodi gan ddefnyddio system post mewnlol a weithredir gan y rheolwyr y mae i'w gyflwyno iddynt, os yw'r rheolwyr hynny'n cytuno.
- (6) Pan fo dogfen y cyfeirir ati yn y rheoliad hwn yn cael ei hanfon yn rhagdaledig drwy—
- (a) post dosbarth cyntaf, bernir bod y cyflwyno wedi digwydd ar yr ail ddiwrnod busnes ar ôl y dyddiad postio;
 - (b) post ail ddosbarth, bernir bod y cyflwyno wedi digwydd ar y pedwerydd diwrnod busnes ar ôl ei phostio;
- oni ddangosir i'r gwrthwyneb.
- (7) Pan fo dogfen o dan y rheoliad hwn wedi'i thraddodi gan ddefnyddio system post mewnlol, bernir bod y cyflwyno wedi digwydd yr union adeg y cafodd ei thraddodi i'r system post mewnlol.
- (8) Yn ddarostyngedig i adrannau 6(3) ac 8(3) (profi ceisiadau), caniateir i unrhyw ddogfen, sy'n ofynnol neu sydd wedi'i hawdurdodi gan neu o dan Ran 2 o'r Ddeddf neu'r Rheoliadau hyn ac sy'n honni ei bod wedi'i lofnodi gan berson y mae'n ofynnol iddo wneud hynny, neu y mae wedi'i awdurdodi i wneud hynny, gan neu o dan y Rhan honno neu'r Rheoliadau hyn, gael ei derbyn yn dystiolaeth ac i gael ei hystyried yn ddogfen o'r fath heb brawf pellach, oni phrofir y gwrthwyneb.
- (9) Bernir bod unrhyw ddogfen y mae'n ofynnol iddi gael ei chyfeirio at reolwyr ysbyty'n unol â'r Ddeddf neu'r Rheoliadau hyn wedi'i chyfeirio'n briodol at y rheolwyr hynny os yw wedi'i chyfeirio at weinyddydd yr ysbyty hwnnw.
- (10) Pan fo'n ofynnol o dan Ran 2 o'r Ddeddf neu'r Rheoliadau hyn i reolwyr ysbyty wneud unrhyw gofnod neu adroddiad, caniateir i'r swyddogaeth honno gael ei chyflawni gan swyddog a awdurdodwyd gan y rheolwyr hynny yn y cyswllt hwnnw.
- (11) Pan fo'n ofynnol o dan y Rheoliadau hyn i gael cytundeb rheolwyr ysbyty ar gyfer penderfyniad i dderbyn cyflwyniad drwy ddull penodol, caniateir i'r cytundeb hwnnw gael ei roi gan swyddog a awdurdodwyd gan y rheolwyr hynny yn y cyswllt hwnnw.

RHAN 2

Gweithdrefnau a Chofnodion ynghylch Derbyniadau i Ysbyty

Y weithdrefn ar gyfer derbyniadau i ysbyty a dull eu cofnodi

4.—(1) At ddibenion derbyn i ysbyty o dan Ran 2 o'r Ddeddf —

- (a) rhaid i unrhyw gais am dderbyniad i gael asesiad o dan adran 2 fod ar y ffurf a nodir—
 - (i) pan fo wedi'i wneud gan y perthynas agosaf, yn Ffurflen HO 1;
 - (ii) pan fo wedi'i wneud gan weithiwr proffesiynol iechyd meddwl cymeradwy, yn Ffurflen HO 2;
- (b) rhaid i unrhyw argymhellion meddygol at ddibenion adran 2 fod ar y ffurf a nodir—
 - (i) yn achos cydargymhellion, yn Ffurflen HO 3,
 - (ii) mewn unrhyw achos arall, yn Ffurflen HO 4;
- (c) rhaid i unrhyw gais am dderbyniad i gael triniaeth o dan adran 3 fod ar y ffurf a nodir—
 - (i) pan fo wedi'i wneud gan y perthynas agosaf, yn Ffurflen HO 5,
 - (ii) pan fo wedi'i wneud gan weithiwr proffesiynol iechyd meddwl cymeradwy, yn Ffurflen HO 6;
- (ch) rhaid i unrhyw argymhellion meddygol at ddibenion adran 3 fod ar y ffurf a nodir—
 - (i) yn achos cydargymhellion, yn Ffurflen HO 7,
 - (ii) mewn unrhyw achos arall, yn Ffurflen HO 8;
- (d) rhaid i unrhyw gais brys o dan adran 4 fod ar y ffurf a nodir—
 - (i) pan fo wedi'i wneud gan y perthynas agosaf, yn Ffurflen HO 9,
 - (ii) pan fo wedi'i wneud gan weithiwr proffesiynol iechyd meddwl cymeradwy, yn Ffurflen HO 10;
- (dd) rhaid i unrhyw argymhelliad meddygol at ddibenion adran 4 fod ar y ffurf a nodir yn Ffurflen HO 11;
- (e) rhaid i unrhyw adroddiad a wneir o dan is-adran (2) o adran 5 (cadw claf yn gaeth sydd eisoes mewn ysbyty am 72 awr) gan
 - (i) yr ymarferydd meddygol cofrestredig neu'r clinigydd cymeradwy sydd â gofal dros driniaeth y claf, neu
 - (ii) unrhyw berson o'r fath a enwebir gan yr ymarferydd meddygol cofrestredig neu'r clinigydd cymeradwy i weithredu drostynt
 fod ar y ffurf a nodir yn Rhan 1 o Ffurflen HO 12 a rhaid i reolwyr yr ysbyty gofnodi yn Rhan 2 o'r Ffurflen honno bod yr adroddiad hwnnw wedi dod i law;
- (f) rhaid i unrhyw gofnod a wneir o dan is-adran (4) o adran 5 (pŵer i gadw claf mewnol yn gaeth am uchafswm o 6 awr) gan nyrs o'r dosbarth a ragnodir am y tro at ddibenion yr is-adran honno(5) fod ar y ffurf a nodir yn Ffurflen HO 13.

(2) At ddibenion cywiro ceisiadau neu argymhellion o dan adran 15, caiff rheolwyr yr ysbyty y mae claf wedi'i dderbyn iddo'n unol â chais am asesiad neu am driniaeth awdurdodi mewn ysgrifen swyddog ar ran y rheolwyr hynny –

- (a) i gydsynio o dan is-adran (1) o'r adran honno i ddiwygio'r cais neu unrhyw argymhelliad meddygol a roddir at ddibenion y cais;

- (b) i ystyried pa mor ddigonol yw argymhelliad meddygol ac, os bernir bod yr argymhelliad yn annigonol, i roi hysbysiad ysgrifenedig fel sy'n ofynnol gan is-adran (2) o'r adran honno.
- (3) Pan fo claf wedi'i dderbyn i ysbyty yn unol â chais o dan adran 2, 3 neu 4, rhaid i hynny gael ei gofnodi gan reolwyr yr ysbyty hwnnw ar y ffurf a osodir yn Ffurflen HO 14 a chael ei gysylltu wrth y cais neu, yn ôl y digwydd, yr argymhelliad.
- (4) At ddibenion unrhyw argymhelliad meddygol o dan adrannau 2, 3 a 4 (derbyniad i gael asesiad, derbyniad i gael triniaeth a derbyniad i gael asesiad mewn achosion brys yn y drefn honno) yn achos —
 - (a) argymhelliad unigol a wnaed mewn cysylltiad â chlaf y mae meddyg wedi'i archwilio yn Lloegr, rhaid i'r argymhelliad meddygol fod ar y ffurf sy'n ofynnol gan Reoliadau a wnaed gan yr Ysgrifennydd Gwladol at berwyl tebyg ar gyfer Lloegr;
 - (b) cydargymhellion a wnaed mewn cysylltiad â chlaf y mae'r ddau feddyg wedi'i archwilio yn Lloegr, rhaid i'r argymhelliad meddygol fod ar y ffurf sy'n ofynnol gan Reoliadau a wnaed gan yr Ysgrifennydd Gwladol at berwyl tebyg ar gyfer Lloegr;
 - (c) cydargymhellion a wnaed mewn cysylltiad â chlaf y mae un meddyg wedi'i archwilio yng Nghymru ac un meddyg wedi'i archwilio yn Lloegr, rhaid i'r argymhelliad meddygol fod ar y ffurf sy'n ofynnol gan y Rheoliadau hyn neu ar y ffurf sy'n ofynnol gan Reoliadau a wnaed gan yr Ysgrifennydd Gwladol at berwyl tebyg ar gyfer Lloegr.

Adnewyddu awdurdod i gadw'n gaeth

5. At ddibenion adnewyddu awdurdod i gadw claf yn gaeth a dderbyniwyd i ysbyty yn unol â chais am driniaeth—
- (a) rhaid i unrhyw adroddiad a wnaed gan glinigydd cyfrifol at ddibenion adran 20(3) (argymhelliad meddygol i adnewyddu awdurdod i gadw'n gaeth) fod ar y ffurf a osodir yn Rhannau 1 a 3 o Ffurflen HO 15;
 - (b) rhaid i'r datganiad a wnaed gan berson sydd wedi bod yn ymwneud yn broffesiynol â thriniaeth feddygol y claf at ddibenion adran 20(5A) (cytundeb ag argymhelliad meddygol) fod ar y ffurf a nodir yn Rhan 2 o Ffurflen HO 15;
 - (c) rhaid i unrhyw adnewyddiad o awdurdod i gadw'n gaeth o dan adran 20(8) gael ei gofnodi gan reolwyr yr ysbyty lle y mae'r claf yn agored i gael ei gadw'n gaeth ar y ffurf a osodir yn Rhan 4 o Ffurflen HO 15.

Cadw'n gaeth ar ôl absenoldeb heb ganiatâd am fwy nag 28 o ddiwrnodau

6. O ran claf sy'n agored i gael ei gadw'n gaeth ar ôl cael ei gymryd i gystodaeth neu dychwelyd ar ôl absenoldeb heb ganiatâd am fwy nag 28 o ddiwrnodau—
- (a) rhaid i unrhyw adroddiad a wneir o dan adran 21B(2) (awdurdod i gadw'n gaeth yn achos cleifion sy'n cael eu cymryd i gystodaeth neu sy'n dychwelyd ar ôl mwy nag 28 o ddiwrnodau) fod ar y ffurf a osodir yn Rhan 1 o Ffurflen HO 16;
 - (b) rhaid i'r ffaith bod yr adroddiad hwnnw wedi dod i law gael ei chofnodi gan reolwyr yr ysbyty lle y mae'r claf yn agored i gael ei gadw'n gaeth ar y ffurf a osodir yn Rhan 2 o Ffurflen HO 16.

Gollwng cleifion sy'n agored i gael eu cadw'n gaeth gan glinigwyr cyfrifol neu reolwyr ysbyty

7. Rhaid i unrhyw orchymyn a wneir gan y clinigydd cyfrifol neu'r rheolwyr ysbyty o dan adran 23(2)(a) (gollwng cleifion) i ollwng claf sy'n agored i gael ei gadw'n gaeth o dan y Ddeddf fod ar

y ffurf a osodir yn Ffurflen HO 17 ac os caiff y gorchymyn ei wneud gan glinigydd cyfrifol y claf, rhaid ei gyflwyno i reolwyr yr ysbyty lle y mae'r claf yn agored i gael ei gadw'n gaeth.

Darparu gwybodaeth – cleifion sy'n agored i gael eu cadw'n gaeth

8. Oni fydd y claf yn gofyn fel arall, pan fo—
- (a) cadwad claf yn gaeth yn cael ei adnewyddu'n unol ag adroddiad a ddarparwyd o dan adran 20 (hyd yr awdurdod), rhaid i reolwyr yr ysbyty cyfrifol gymryd unrhyw gamau sy'n rhesymol ymarferol i beri i'r person (os oes un) y mae'n ymddangos iddynt mai ef yw perthynas agosaf y claf gael ei hysbysu o'r adnewyddiad hwnnw cyn gynted ag y bo'n ymarferol ar ôl eu penderfyniad i beidio â gollwng y claf;
 - (b) yn rhinwedd adran 21B(7) (cleifion a gymerir i gystodaeth neu sy'n dychwelyd ar ôl mwy na 28 o ddiwrnodau) cadwad claf yn gaeth yn cael ei adnewyddu'n unol ag adroddiad a ddarperir o dan adran 21B(2), rhaid i reolwyr yr ysbyty cyfrifol y mae'r claf yn agored i gael ei gadw'n gaeth ynddo gymryd y camau sy'n rhesymol ymarferol i beri i'r person (os oes un) y mae'n ymddangos iddynt mai ef yw perthynas agosaf y claf gael ei hysbysu o'r adnewyddiad hwnnw cyn gynted ag y bo'n ymarferol ar ôl eu penderfyniad i beidio â gollwng y claf;
 - (c) yn rhinwedd adran 21B(5) a (6) (cleifion a gymerir i gystodaeth neu sy'n dychwelyd ar ôl mwy na 28 o ddiwrnodau) cadwad claf yn gaeth yn cael ei adnewyddu yn ôl-olygol yn unol ag adroddiad a roddir o dan adran 21B(2), rhaid i reolwyr yr ysbyty y mae'r claf yn agored i gael ei gadw'n gaeth ynddo gymryd y camau sy'n rhesymol ymarferol i beri i'r person (os oes un) y mae'n ymddangos iddynt mai ef yw perthynas agosaf y claf gael ei hysbysu o'r adnewyddiad hwnnw cyn gynted ag y bo'n ymarferol ar ôl iddynt gael yr adroddiad hwnnw.

RHAN 3

Y Gweithdrefnau a'r Cofnodion ynghylch Gwarcheidiaeth

Y weithdrefn ar gyfer ceisiadau am warcheidiaeth a dull eu derbyn

- 9.—(1) At ddibenion gwneud cais am warcheidiaeth o dan adran 7—
- (a) rhaid i gais am warcheidiaeth fod ar y ffurf a osodir—
 - (i) pan fo wedi'i wneud gan y perthynas agosaf, yn Rhan 1 o Ffurflen GU 1,
 - (ii) pan fo wedi'i wneud gan weithiwr proffesiynol iechyd meddwl cymeradwy, yn Rhan 1 o Ffurflen GU 2;
 - (b) pan fydd person sy'n cael ei enwi'n warcheidwad yn warcheidwad preifat, rhaid i'r datganiad gan y person hwnnw ei fod yn fodlon gweithredu fod ar y ffurf a osodir yn Rhan 2 o Ffurflen GU 1 neu, yn ôl y digwydd, Rhan 2 o Ffurflen GU 2;
 - (c) rhaid i unrhyw argymhelliad meddygol fod ar y ffurf a osodir —
 - (i) yn achos cydargymhelliad, yn Ffurflen GU 3,
 - (ii) mewn unrhyw achos arall, yn Ffurflen GU 4.
- (2) At ddibenion unrhyw argymhelliad meddygol o dan adran 7 yn achos —
- (a) argymhelliad unigol a wnaed mewn cysylltiad â chlaf y mae meddyg wedi'i archwilio yn Lloegr, rhaid i'r argymhelliad meddygol fod ar y ffurf sy'n ofynnol gan Reoliadau a wnaed gan yr Ysgrifennydd Gwladol at berwyl tebyg ar gyfer Lloegr;

- (b) cydargymhellion a wnaed mewn cysylltiad â chlaf y mae'r ddau feddyg wedi'i archwilio yn Lloegr, rhaid i'r argymhelliaid meddygol fod ar y ffurf sy'n ofynnol gan Reoliadau a wnaed gan yr Ysgrifennydd Gwladol at berwyl tebyg ar gyfer Lloegr;
 - (c) cydargymhellion a wnaed mewn cysylltiad â chlaf y mae un meddyg wedi'i archwilio yng Nghymru ac un meddyg wedi'i archwilio yn Lloegr, rhaid i'r argymhelliaid meddygol fod ar y ffurf sy'n ofynnol gan y Rheoliadau hyn neu ar y ffurf sy'n ofynnol gan Reoliadau a wnaed gan yr Ysgrifennydd Gwladol at berwyl tebyg ar gyfer Lloegr.
- (3) Pan fo cais a wnaed o dan adran 7 yn cael ei dderbyn gan yr awdurdod gwasanaethau cymdeithasol lleol cyfrifol, rhaid iddo gofnodi'r ffaith ei fod wedi'i dderbyn ar y ffurf a osodir yn Ffurflen GU 5, gan gysylltu'r derbyniad hwnnw wrth y cais.

Ymweliadau â chleifion sy'n destun gwarcheidiaeth

10. Rhaid i'r awdurdod gwasanaethau cymdeithasol lleol cyfrifol drefnu i bob claf a dderbynnir i warcheidiaeth o dan y Ddeddf gael ymweliad bob hyn a hyn yn ôl penderfyniad yr awdurdod, ond —

- (a) beth bynnag heb fod y cyfnodau rhwng ymweliadau yn hwy na 3 mis, a
- (b) rhaid bod o leiaf un ymweliad o'r fath yn cael ei wneud gan glinigydd cymeradwy neu ymarferydd a gymeradwywyd gan Weinidogion Cymru at ddibenion adran 12 (darpariaethau cyffredinol ynghylch argymhellion meddygol).

Dyletswyddau gwarcheidwaid preifat

11.—(1) Mae'n ddyletswydd ar warcheidwad preifat i wneud y canlynol—

- (a) penodi ymarferydd meddygol cofrestredig i weithredu fel meddyg enwebedig y claf;
- (b) hysbysu'r awdurdod gwasanaethau cymdeithasol lleol cyfrifol o enw a chyfeiriad y meddyg enwebedig;
- (c) wrth arfer y pwerau a'r dyletswyddau a roddwyd i'r gwarcheidwad preifat neu a osodwyd arno gan y Ddeddf a'r Rheoliadau hyn, gydymffurfio ag unrhyw gyfarwyddiadau y bydd yr awdurdod gwasanaethau cymdeithasol lleol cyfrifol yn eu rhoi;
- (ch) darparu i'r awdurdod hwnnw yr holl adroddiadau neu wybodaeth arall am y claf a fydd yn ofynnol o bryd i'w gilydd gan yr awdurdod gwasanaethau cymdeithasol lleol cyfrifol;
- (d) hysbysu'r awdurdod gwasanaethau cymdeithasol lleol cyfrifol—
 - (i) adeg derbyn y claf i warcheidiaeth, o'i gyfeiriad ei hun a chyfeiriad y claf,
 - (ii) ac eithrio mewn achos y mae paragraff (dd) yn gymwys iddo, o unrhyw newid parhaol yn y naill gyfeiriad neu'r llall, cyn i'r newid ddigwydd, neu heb fod yn hwyrach na 7 niwrnod ar ôl i'r newid ddigwydd;
- (dd) pan fo'r cyfeiriad newydd, adeg unrhyw newid parhaol yn ei gyfeiriad, yn ardal awdurdod gwasanaethau cymdeithasol lleol gwahanol, hysbysu'r awdurdod hwnnw a'r awdurdod a fu'n gyfrifol yn flaenorol—
 - (i) o'i gyfeiriad ef a chyfeiriad y claf,
 - (ii) o'r manylion a grybwyllwyd ym mharagraff (b); ac
- (e) os bydd y claf yn marw, neu'r warcheidiaeth yn cael ei therfynu drwy ollwng, trosglwyddo neu fel arall, hysbysu'r awdurdod gwasanaethau cymdeithasol lleol cyfrifol o hynny cyn gynted ag y bo'n rhesymol ymarferol.

(2) Caniateir rhoi neu ddarparu mewn dull arall (yn ychwanegol at y dulliau o gyflwyno dogfennau y darparwyd ar eu cyfer gan reoliad 3(1)) unrhyw hysbysiad, adroddiadau neu wybodaeth arall o dan y rheoliad hwn y mae'r awdurdod gwasanaethau cymdeithasol lleol perthnasol yn cytuno iddo, gan gynnwys yn llafar neu drwy gyfathrebiad electronig.

Adnewyddu gwarcheidiaeth

12. At ddibenion adnewyddu gwarcheidiaeth—

- (a) rhaid i unrhyw adroddiad a wneir o dan adran 20(6) (adroddiad yn adnewyddu gwarcheidiaeth) fod ar y ffurf a osodir yn Rhan 1 o Ffurflen GU 6;
- (b) rhaid i unrhyw adnewyddiad o awdurdod ar gyfer gwarcheidiaeth o dan adran 20(8) gael ei gofnodi gan yr awdurdod gwasanaethau cymdeithasol lleol cyfrifol ar y ffurf a osodir yn Rhan 2 o Ffurflen GU 6.

Gwarcheidiaeth ar ôl absenoldeb heb ganiatâd am fwy nag 28 o ddiwrnodau

13. O ran dychweliad claf sy'n destun gwarcheidiaeth ac a gymerir i gystodaeth neu sy'n dychwelyd ar ôl absenoldeb heb ganiatâd ar ôl mwy nag 28 o ddiwrnodau—

- (a) rhaid i unrhyw adroddiad a wneir o dan adran 21B(2) (awdurdodiad am warcheidiaeth cleifion a gymerir i gystodaeth neu sy'n dychwelyd ar ôl mwy nag 28 o ddiwrnodau) fod ar y ffurf a osodir yn Rhan 1 o Ffurflen GU 7;
- (b) rhaid i'r ffaith bod yr adroddiad hwnnw wedi dod i law gael ei chofnodi gan yr awdurdod gwasanaethau cymdeithasol lleol cyfrifol ar y ffurf a osodir yn Rhan 2 o Ffurflen GU 7.

Gollwng cleifion sy'n destun gwarcheidiaeth gan glinigwyr cyfrifol neu awdurdodau gwasanaethau cymdeithasol lleol cyfrifol

14. Rhaid i unrhyw orchymyn a wneir gan y clinigydd cyfrifol neu'r awdurdod gwasanaethau cymdeithasol lleol cyfrifol o dan adran 23(2)(b) i ollwng claf sy'n destun gwarcheidiaeth o dan y Ddeddf fod ar y ffurf a nodir yn Ffurflen GU 8 ac os caiff y gorchymyn ei wneud gan glinigydd cyfrifol y claf rhaid i'r gorchymyn hwnnw gael ei gyflwyno i'r awdurdod gwasanaethau cymdeithasol lleol cyfrifol.

Darparu gwybodaeth – cleifion sy'n destun gwarcheidiaeth

15.—(1) Pan ddaw claf yn destun gwarcheidiaeth o dan y Ddeddf, rhaid i'r awdurdod gwasanaethau cymdeithasol lleol cyfrifol gymryd camau ymarferol i beri bod y claf a'r person (os oes un) y mae'n ymddangos i'r awdurdod mai ef yw perthynas agosaf y claf yn cael eu hysbysu o'r hawliau y cyfeirir atynt yn mharagraff (2).

(2) Dyma'r hawliau—

- (a) hawl y claf i wneud cais i Dribiwnlys o dan adran 66;
- (b) hawl y perthynas agosaf, yn ôl y digwydd, i—
 - (i) gollwng y claf o dan adran 23, neu
 - (ii) gwneud cais i Dribiwnlys o dan adran 69 (pan fo claf yn destun gwarcheidiaeth o dan adran 37 neu pan fo'n cael ei drin fel petai'n destun y warcheidiaeth honno).
- (3) Pan fo gwybodaeth y cyfeirir ati ym mharagraff (1) —
 - (a) i gael ei rhoi i'r claf, rhaid iddi gael ei rhoi yn llafar ac yn ysgrifenedig fel ei gilydd;
 - (b) i gael ei rhoi i'r perthynas agosaf, rhaid iddi gael ei rhoi yn ysgrifenedig.
- (4) Oni bai bod y claf yn gofyn fel arall, pan fo—
 - (a) gwarcheidiaeth claf yn cael ei hadnewyddu yn unol ag adroddiad a ddarperir o dan adran 20, rhaid i'r awdurdod gwasanaethau cymdeithasol lleol cyfrifol gymryd camau rhesymol ymarferol i beri i'r person (os oes un) y mae'n ymddangos iddo mai ef yw perthynas agosaf y claf gael ei hysbysu o'r adnewyddiad hwnnw cyn gynted ag y bo'n ymarferol ar

ôl penderfyniad yr awdurdod gwasanaethau cymdeithasol lleol cyfrifol i beidio â gollwng y claf;

(b) yn rhinwedd adran 21B(7), gwarcheidiaeth claf yn cael ei hadnewyddu yn unol ag adroddiad a ddarperir o dan adran 21B(2), rhaid i'r awdurdod gwasanaethau cymdeithasol lleol cyfrifol gymryd camau rhesymol ymarferol i beri i'r person (os oes un) y mae'n ymddangos iddo mai ef yw perthynas agosaf y claf gael ei hysbysu o'r adnewyddiad hwnnw cyn gynted ag y bo'n ymarferol ar ôl penderfyniad yr awdurdod gwasanaethau lleol cyfrifol i beidio â gollwng y claf;

(c) yn rhinwedd adran 21B(5) a (6), gwarcheidiaeth claf yn cael ei hadnewyddu yn ôl-olygol yn unol ag adroddiad a ddarperir o dan adran 21B(2), rhaid i'r awdurdod gwasanaethau cymdeithasol lleol cyfrifol gymryd camau rhesymol ymarferol i beri i'r person (os oes un) y mae'n ymddangos iddo mai ef yw perthynas agosaf y claf gael ei hysbysu o'r adnewyddiad hwnnw cyn gynted ag y bo'n ymarferol ar ôl i'r awdurdod gwasanaethau cymdeithasol lleol cyfrifol gael yr adroddiad hwnnw.

(5) Pan fo paragraff (4)(b) neu (c) yn gymwys, rhaid i'r awdurdod gwasanaethau cymdeithasol lleol cyfrifol, cyn gynted ag y bo'n ymarferol, hysbysu'r gwarcheidwad preifat (os oes un) ei fod wedi cael adroddiad a ddarperir o dan adran 21B.

RHAN 4

Y Gweithdrefnau a'r Cofnodion ynghylch Triniaeth Gymunedol

Y gweithdrefnau ar gyfer, a chofnodion ynghylch, gorchmynion triniaeth gymunedol

16.—(1) At ddibenion gwneud gorchmynion triniaeth gymunedol o dan adran 17A ac ychwanegu amodau atynt o dan adran 17B—

- (a) rhaid i unrhyw orchymyn a wneir gan y clinigydd cyfrifol o dan adran 17A(1) fod ar y ffurf a osodir yn Rhannau 1 a 3 o Ffurflen CP 1;
- (b) rhaid i'r amodau a bennir yn y gorchymyn o dan adran 17B(3) ac unrhyw amodau eraill o dan adran 17B(2) fod ar y ffurf gymwys a osodir yn Rhan 1 o Ffurflen CP 1;
- (c) rhaid i unrhyw ddatganiad gan weithiwr proffesiynol iechyd meddwl cymeradwy a wneir o dan adran 17A(4) neu, yn ôl y digwydd, adran 17B(2) fod ar y ffurf gymwys a osodir yn Rhan 2 o Ffurflen CP 1;
- (ch) rhaid i unrhyw orchymyn triniaeth gymunedol gael ei ddarparu i reolwyr yr ysbyty cyfrifol cyn gynted ag y bo'n rhesymol ymarferol.

(2) Rhaid i unrhyw amrywiad o'r amodau a bennir mewn gorchymyn triniaeth gymunedol o dan adran 17B(4) gael ei gofnodi ar y ffurf a osodir yn Ffurflen CP 2 a rhaid darparu'r gorchymyn sy'n amrywio'r amodau yn y modd hwnnw i reolwyr yr ysbyty cyfrifol cyn gynted ag y bo'n rhesymol ymarferol.

Estyn cyfnodau triniaeth gymunedol

17. At ddibenion estyn cyfnodau triniaeth gymunedol o dan adran 20A—

- (a) rhaid i unrhyw adroddiad a wneir gan glinigydd cyfrifol o dan adran 20A(4) fod ar y ffurf a osodir yn Rhannau 1 a 3 o Ffurflen CP 3;
- (b) rhaid i unrhyw ddatganiad gan weithiwr proffesiynol iechyd meddwl cymeradwy a wneir o dan adran 20A(8) fod ar y ffurf a osodir yn Rhan 2 o Ffurflen CP 3;

- (c) rhaid i unrhyw estyniad o gyfnod triniaeth gymunedol o dan adran 20A(3) gael ei gofnodi gan reolwyr yr ysbyty cyfrifol ar y ffurf a osodir yn Rhan 4 o Ffurflen CP 3.

Triniaeth gymunedol ar ôl absenoldeb heb ganiatâd am fwy nag 28 o ddiwrnodau

18. O ran dychweliad claf cymunedol a gymerir i gystodaeth neu sy'n dychwelyd ar ôl absenoldeb heb ganiatâd ar ôl mwy nag 28 o ddiwrnodau—

- (a) rhaid i unrhyw adroddiad a wneir o dan adran 21B(2) fod ar y ffurf a osodir yn Rhan 1 o Ffurflen CP 4;
- (b) rhaid i'r ffaith bod yr adroddiad hwnnw wedi dod i law gael ei chofnodi gan reolwyr yr ysbyty cyfrifol ar y ffurf a osodir yn Rhan 2 o Ffurflen CP 4.

Galw cleifion cymunedol yn eu hól a'u rhyddhau

19.—(1) At ddibenion galw claf yn ei ôl i'r ysbyty o dan adran 17E(1)—

- (a) rhaid i hysbysiad o dan adran 17E(5) gan glinigydd cyfrifol fod ar y ffurf a osodir yn Ffurflen CP 5.
- (b) rhaid i'r clinigydd cyfrifol ddarparu copi o'r hysbysiad i reolwyr yr ysbyty cyfrifol cyn gynted ag y bo'n rhesymol ymarferol;
- (c) pan fo'r claf yn cael ei alw yn ei ôl i ysbyty ac nad hwnnw yw'r ysbyty cyfrifol, rhaid i'r clinigydd cyfrifol—
- (i) darparu copi o'r hysbysiad i reolwyr yr ysbyty hwnnw, a
- (ii) hysbysu'r rheolwyr hynny o enw a chyfeiriad yr ysbyty cyfrifol ; ac
- (ch) rhaid i reolwyr yr ysbyty y mae'r claf yn cael ei alw'n ôl iddo gofnodi amser a dyddiad cadwad y claf yn gaeth yn unol â'r hysbysiad hwnnw ar y ffurf a osodir yn Rhan 1 o Ffurflen CP 6.

(2) O ran rhyddhau claf cymunedol a alwyd yn ei ôl i'r ysbyty o dan adran 17F(5), rhaid i'r clinigydd cyfrifol hysbysu rheolwyr yr ysbyty cyfrifol o unrhyw ryddhau o'r fath a rhaid i'r rheolwyr hynny gofnodi amser a dyddiad rhyddhau'r claf ar y ffurf a osodir yn Rhan 2 o Ffurflen CP 6.

(3) Pan fo ysbyty cyfrifol y claf yn Lloegr rhaid cyflawni galwad y claf yn ei ôl yn unol â Rheoliadau a wnaed gan yr Ysgrifennydd Gwladol at berwyl tebyg ar gyfer Lloegr.

(4) Rhaid i hysbysiad gan glinigydd cyfrifol sy'n galw claf yn ei ôl i'r ysbyty at ddibenion adran 17E (pŵer i alw claf cymunedol yn ôl i'r ysbyty) yn Ffurflen CP 5 gael ei gyflwyno drwy—

- (a) ei draddodi â llaw i'r claf,
- (b) ei draddodi â llaw i gyfeiriad arferol y claf neu ei gyfeiriad hysbys diwethaf, neu
- (c) ei anfon yn rhagdaledig drwy bost dosbarth cyntaf wedi ei gyfeirio at y claf yng nghyfeiriad arferol y claf neu yng nghyfeiriad hysbys diwethaf y claf.

(5) Ystyrir bod hysbysiad galw yn ôl yn Ffurflen CP 5 wedi ei gyflwyno—

- (a) yn achos paragraff 4(a) unwaith bod yr hysbysiad wedi ei draddodi i'r claf;
- (b) yn achos paragraff 4(b), ar y diwrnod (nad oes rhaid iddo fod yn ddiwrnod busnes) ar ôl iddo gael ei draddodi;
- (c) yn achos paragraff 4(c), ar yr ail ddiwrnod busnes ar ôl iddo gael ei bostio.

Dirymu gorchmynion triniaeth gymunedol

20. At ddibenion dirymu gorchmynion triniaeth gymunedol o dan adran 17F(4) (pwerau mewn cysylltiad â chleifion a alwyd yn eu hól)—

- (a) rhaid i orchymyn, gan glinigydd cyfrifol, sy'n dirymu gorchymyn triniaeth gymunedol fod ar y ffurf a osodir yn Rhannau 1 a 3 o Ffurflen CP 7;
- (b) rhaid i unrhyw ddatganiad gan weithiwr proffesiynol iechyd meddwl cymeradwy a wnaed o dan adran 17F(4)(b) fod ar y ffurf a osodir yn Rhan 2 o Ffurflen CP 7;
- (c) rhaid i'r clinigydd cyfrifol ddarparu'r gorchymyn dirymu i reolwyr yr ysbyty y mae'r claf wedi'i alw yn ei ôl iddo;
- (ch) pan fo'r claf wedi'i alw yn ei ôl i ysbyty ac nad hwnnw yw'r ysbyty cyfrifol, rhaid i'r clinigydd cyfrifol (cyn gynted ag y bo'n rhesymol ymarferol) ddarparu i reolwyr yr ysbyty a oedd yr ysbyty cyfrifol am y claf cyn dirymu gorchymyn triniaeth gymunedol y claf gopi o'r gorchymyn dirymu hwnnw;
- (d) rhaid i reolwyr yr ysbyty y mae'r claf yn cael ei gadw yn gaeth ynddo wrth ddirymu'r gorchymyn triniaeth gymunedol gofnodi'r ffaith bod copi o'r gorchymyn dirymu wedi dod i law ac amser a dyddiad y dirymiad ar y ffurf a osodir yn Rhan 4 o Ffurflen CP 7.

Gollwng cleifion cymunedol gan glinigwyr cyfrifol neu reolwyr ysbyty

21. Rhaid i unrhyw orchymyn a wneir gan y clinigydd cyfrifol neu'r rheolwyr ysbyty o dan adran 23(2)(c) i ollwng claf cymunedol fod ar y ffurf a osodir yn Ffurflen CP 8 ac os caiff y gorchymyn ei wneud gan glinigydd cyfrifol y claf, rhaid ei gyflwyno i reolwyr yr ysbyty cyfrifol.

Darparu gwybodaeth – cleifion cymunedol

22.—(1) Cyn gynted ag y bo'n ymarferol ar ôl galw claf yn ei ôl o dan adran 17E, rhaid i reolwyr yr ysbyty cyfrifol gymryd camau rhesymol ymarferol i—

- (a) peri i'r claf gael ei hysbysu, yn llafar ac yn ysgrifenedig fel ei gilydd, o ddarpariaethau'r Ddeddf y cedwir y claf yn gaeth odani am y tro ac effaith y darpariaethau hynny, a
- (b) sicrhau bod y claf yn deall effaith, i'r graddau y mae'n berthnasol i achos y claf, adrannau 56 i 64 (cydsynio i driniaeth).

(2) Oni bai bod claf yn gofyn fel arall, pan fo—

- (a) cyfnod triniaeth gymunedol y claf yn cael ei estyn yn unol ag adroddiad a ddarperir o dan adran 20A (cyfnod triniaeth gymunedol), rhaid i reolwyr yr ysbyty cyfrifol gymryd camau rhesymol ymarferol i beri i'r person (os oes un) y mae'n ymddangos iddynt mai ef yw perthynas agosaf y claf gael ei hysbysu o'r estyniad hwnnw cyn gynted ag y bo'n ymarferol ar ôl eu penderfyniad i beidio â gollwng y claf;
- (b) yn rhinwedd adran 21B(7A) (cleifion a gymerir i gystodaeth neu sy'n dychwelyd ar ôl mwy nag 28 o ddiwrnodau) cyfnod triniaeth gymunedol claf yn cael ei estyn yn unol ag adroddiad a ddarperir o dan adran 21B(2), rhaid i reolwyr yr ysbyty cyfrifol gymryd camau rhesymol ymarferol i beri i'r person (os oes un) y mae'n ymddangos iddynt mai ef yw perthynas agosaf y claf gael ei hysbysu o'r estyniad hwnnw cyn gynted ag y bo'n ymarferol ar ôl eu penderfyniad i beidio â gollwng y claf;
- (c) yn rhinwedd adran 21B(6A) a (6B) (cleifion a gymerir i gystodaeth neu sy'n dychwelyd ar ôl mwy nag 28 o ddiwrnodau) cyfnod triniaeth gymunedol claf yn cael ei estyn yn ôl-olygol yn unol ag adroddiad a ddarperir o dan adran 21B(2), rhaid i reolwyr yr ysbyty cyfrifol gymryd camau rhesymol ymarferol i beri i'r person (os oes un) y mae'n ymddangos iddynt mai ef yw perthynas agosaf y claf gael ei hysbysu o'r estyniad hwnnw cyn gynted ag y bo'n ymarferol ar ôl iddynt gael yr adroddiad hwnnw.

RHAN 5

Trosglwyddo a Chludo

Trosglwyddo o ysbyty i ysbyty neu warcheidiaeth

23.—(1) Mae'r rheoliad hwn yn gymwys mewn cysylltiad ag unrhyw glaf y mae adran 19(1) (a) fel y'i diwygiwyd gan Atodlen 1 i'r Ddeddf yn gymwys iddo (“claf ysbyty”), nad yw'n glaf a drosglwyddir o dan —

- (a) adran 19(3) (trosglwyddo rhwng ysbytai o dan yr un rheolwyr), neu
- (b) adran 123(1) a (2) (trosglwyddiadau rhwng ysbytai arbennig ac ohonynt).

(2) Caniateir i glaf ysbyty gael ei drosglwyddo i ysbyty arall—

- (a) pan fo awdurdod ar gyfer trosglwyddo ar y ffurf a osodir yn Rhan 1 o Ffurflen TC 1 yn cael ei roi gan reolwyr yr ysbyty y mae'r claf yn agored i gael ei gadw'n gaeth ynddo; a
- (b) pan fo'r rheolwyr hynny yn fodlon bod trefniadau wedi'u gwneud i dderbyn y claf i'r ysbyty y bwriedir ei drosglwyddo iddo.

(3) Wedi i'r claf hwnnw gael ei drosglwyddo, rhaid i reolwyr yr ysbyty y mae wedi'i drosglwyddo iddo gofnodi derbyniad y claf ar y ffurf a osodir yn Rhan 2 o Ffurflen TC 1.

(4) Caniateir i glaf ysbyty gael ei drosglwyddo i warcheidiaeth awdurdod gwasanaethau cymdeithasol lleol, neu unrhyw berson a gymeradwywyd gan awdurdod gwasanaethau cymdeithasol lleol, os yw—

- (a) awdurdod ar gyfer trosglwyddiad ar y ffurf a osodir yn Rhan 1 o Ffurflen TC 2 wedi'i roi gan reolwyr yr ysbyty y mae'r claf yn agored i gael ei gadw'n gaeth ynddo;
- (b) y trosglwyddiad wedi'i gytuno gan yr awdurdod gwasanaethau cymdeithasol lleol, a fydd yr awdurdod sy'n gyfrifol os daw'r trosglwyddiad arfaethedig yn weithredo,;
- (c) yr awdurdod gwasanaethau cymdeithasol lleol hwnnw wedi pennu ar ba ddyddiad y bydd y trosglwyddo'n digwydd; a
- (ch) pan fydd y person a enwir yn yr awdurdod ar gyfer trosglwyddiad fel gwarcheidwad yn berson preifat, cytundeb y person hwnnw wedi'i sicrhau a'i gofnodi ar y ffurf a osodir yn Rhan 2 o Ffurflen TC 2.

(5) Wedi i'r claf hwnnw gael ei drosglwyddo rhaid i'r awdurdod gwasanaethau cymdeithasol lleol cyfrifol gofnodi trosglwyddiad y claf ar y ffurf a osodir yn Rhan 3 o Ffurflen TC 2.

(6) Pan fo claf ysbyty yn cael ei gadw'n gaeth mewn sefydliad cofrestredig—

- (a) caniateir iddo gael ei drosglwyddo o'r sefydliad hwnnw i sefydliad cofrestredig arall pan fo'r ddau sefydliad o dan reolaeth yr un rheolwyr, ac ni fydd paragraff (2) yn gymwys.
- (b) os yw'n cael ei gynnal o dan gontract gydag Ymddiriedolaeth Gwasanaeth Iechyd Gwladol, Bwrdd Iechyd Lleol, Awdurdod Iechyd Strategol, Ymddiriedolaeth Gofal Sylfaenol, Ymddiriedolaeth Sefydledig GIG, Awdurdod Iechyd Arbennig neu Weinidogion Cymru, caniateir i unrhyw awdurdod ar gyfer trosglwyddiad sy'n ofynnol o dan baragraff (2)(a) neu, yn ôl y digwydd, (4)(a) gael ei roi gan swyddog a awdurdodwyd yn briodol i'r ymddiriedolaeth honno, i'r bwrdd hwnnw, neu i'r awdurdod hwnnw, yn lle gan y rheolwyr, neu, yn ôl y digwydd, Gweinidogion Cymru yn lle'r rheolwyr.

(7) Yn y rheoliad hwn, caniateir i swyddogaethau'r rheolwyr gael eu cyflawni gan swyddog a awdurdodwyd ganddynt yn y cyswllt hwnnw.

(8) Pan fo amodau paragraffau (2) neu (4), yn ôl y digwydd, wedi'u bodloni, rhaid i waith trosglwyddo'r claf gael ei gyflawni o fewn 28 o ddiwrnodau i ddyddiad yr awdurdod fel y darperir

ar ei gyfer o dan is-baragraff (a) o baragraffau (2) neu (4) ac yn niffyg hynny bydd yr awdurdod dros y trosglwyddo yn peidio.

Trosglwyddo o warcheidiaeth i warcheidiaeth neu ysbyty

24.—(1) Mae'r rheoliad hwn yn gymwys mewn cysylltiad ag unrhyw glaf sydd am y tro yn destun gwarcheidiaeth o dan y Ddeddf (“claf gwarcheidiaeth”).

(2) Caniateir i glaf gwarcheidiaeth gael ei drosglwyddo i warcheidiaeth awdurdod gwasanaethau cymdeithasol lleol arall neu berson arall os yw—

- (a) awdurdod ar gyfer trosglwyddo wedi'i roi gan y gwarcheidwad ar y ffurf a osodir yn Rhan 1 o Ffurflen TC 3;
- (b) y trosglwyddiad wedi'i gytuno gan yr awdurdod gwasanaethau cymdeithasol lleol, a fydd yr awdurdod cyfrifol os daw'r trosglwyddiad arfaethedig yn weithredol;
- (c) yr awdurdod gwasanaethau cymdeithasol lleol hwnnw wedi pennu ar ba ddyddiad y bydd y trosglwyddo'n digwydd; ac
- (ch) pan fydd y person a enwir yn warcheidwad arfaethedig yn yr awdurdod ar gyfer trosglwyddo yn berson preifat, cytundeb y person hwnnw wedi'i sicrhau a'i gofnodi ar y ffurf a osodir yn Rhan 2 o Ffurflen TC 3.

(3) Wedi i'r claf hwnnw gael ei drosglwyddo, rhaid i'r awdurdod gwasanaethau cymdeithasol lleol sy'n gyfrifol gofnodi trosglwyddiad gwarcheidiaeth y claf ar y ffurf a osodir yn Rhan 3 o Ffurflen TC 3.

(4) Caniateir i'r awdurdod gwasanaethau cymdeithasol lleol cyfrifol roi awdurdod i drosglwyddo claf gwarcheidiaeth i ysbyty ar y ffurf a osodir yn Rhan 1 o Ffurflen TC 4 os yw—

- (a) cais am dderbyniad i gael triniaeth wedi'i wneud gan weithiwr proffesiynol iechyd meddwl cymeradwy ar y ffurf a osodir yn Ffurflen HO 6 ac, at ddibenion y cais hwnnw, bydd adrannau 11(4) (ymgyngori â'r perthynas agosaf) a 13 (dyletswydd gweithiwr proffesiynol iechyd meddwl cymeradwy) yn gymwys fel petai'r trosglwyddiad arfaethedig yn gais am dderbyniad i gael triniaeth;
- (b) cais am dderbyniad i gael triniaeth wedi'i wneud gan y perthynas agosaf ar y ffurf a osodir yn Ffurflen HO 5;
- (c) y cais wedi'i seilio ar argymhellion meddygol a roddwyd gan ddau ymarferydd meddygol cofrestredig yn unol ag adran 12 a rheoliad 4(1)(ch);
- (ch) yr awdurdod gwasanaethau cymdeithasol lleol cyfrifol wedi'i fodloni bod trefniadau wedi'u gwneud i dderbyn y claf i'r ysbyty hwnnw.

(5) Wedi i'r claf hwnnw gael ei drosglwyddo i'r ysbyty, rhaid i gofnod o'i dderbyn gael ei wneud gan reolwyr yr ysbyty y mae'r claf wedi'i drosglwyddo iddo ar y ffurf a osodir yn Rhan 2 o Ffurflen TC 4.

(6) Caniateir i swyddogaethau'r rheolwyr y cyfeiriwyd atynt yn y rheoliad hwn gael eu cyflawni gan swyddog a awdurdodwyd ganddynt yn y cyswllt hwnnw.

(7) Pan fo amodau paragraff (2) wedi'u bodloni, rhaid i waith trosglwyddo'r claf gael ei gyflawni o fewn 28 o ddiwrnodau i ddyddiad yr awdurdod fel y darperir ar ei gyfer o dan is-baragraff (a) o baragraff (2), ac yn niffyg hynny bydd y claf yn aros yng ngwarcheidiaeth y gwarcheidwad cychwynnol.

(8) Pan fo amodau paragraff (4) wedi'u bodloni, rhaid i waith trosglwyddo'r claf gael ei gyflawni o fewn 14 o ddiwrnodau i'r dyddiad y cafodd y claf ei archwilio ddiwethaf, ac yn niffyg hynny bydd y claf yn aros yn destun gwarcheidiaeth.

Aseinio cyfrifoldeb dros gleifion cymunedol

25.—(1) Mae'r rheoliad hwn yn gymwys mewn cysylltiad ag unrhyw glaf sydd am y tro yn glaf cymunedol.

(2) Caniateir i gyfrifoldeb dros glaf cymunedol gael ei aseinio i ysbyty arall o dan reolaeth wahanol i'r ysbyty cyfrifol (“ysbyty arall”) pan fo—

- (a) awdurdod ar gyfer ei aseinio ar y ffurf a osodir yn Rhan 1 o Ffurflen TC 5 yn cael ei roi gan reolwyr yr ysbyty cyfrifol sy'n aseinio cyn ei aseinio;
- (b) y rheolwyr hynny wedi'u bodloni bod trefniadau wedi'u gwneud i aseinio'r cyfrifoldeb dros y claf i'r ysbyty arall o fewn cyfnod o 28 o ddiwrnodau gan ddechrau ar ddyddiad yr awdurdod i'w aseinio;
- (c) adeg yr aseinio, rhaid i reolwyr yr ysbyty arall gofnodi'r aseiniad ar y ffurf a osodir yn Rhan 2 o Ffurflen TC 5.

(3) Pan fo amodau paragraff (2) wedi'u bodloni, rhaid i waith aseinio'r cyfrifoldeb gael ei gyflawni o fewn 28 o ddiwrnodau i ddyddiad yr awdurdod fel y darperir ar ei gyfer o dan is-baragraff (a) o'r paragraff hwnnw, ac yn niffyg hynny bydd y cyfrifoldeb dros y gorchymyn triniaeth gymunedol yn parhau i berthyn i'r ysbyty a oedd yn gyfrifol felly cyn yr aseiniad.

(4) Caniateir i'r cyfrifoldeb dros glaf cymunedol y mae'r rheoliad hwn yn gymwys iddo gael ei aseinio i ysbyty arall sy'n cael ei reoli gan yr un rheolwyr ysbyty, ac os felly, ni fydd darpariaethau paragraffau (2) a (3) a rheoliad 32(b) yn gymwys.

(5) Pan fo cyfrifoldeb dros glaf yn cael ei aseinio o ysbyty cyfrifol sydd yn sefydliad cofrestredig i ysbyty arall o dan reolaeth wahanol i'r ysbyty sy'n aseinio a phan fo'r claf yn cael ei gynnal o dan gontract gydag Ymddiriedolaeth Gwasanaeth Iechyd Gwladol, Bwrdd Iechyd Lleol, Awdurdod Iechyd Strategol, Ymddiriedolaeth Gofal Sylfaenol, Ymddiriedolaeth Sefydledig GIG, Awdurdod Iechyd Arbennig neu Weinidogion Cymru caniateir rhoi'r awdurdod dros yr aseinio sy'n ofynnol o dan baragraff (2)(a) gan swyddog a awdurdodwyd yn briodol i'r ymddiriedolaeth honno, i'r bwrdd hwnnw neu i'r awdurdod hwnnw neu gan Weinidogion Cymru yn lle'r rheolwyr.

(6) Caniateir i swyddogaethau'r rheolwyr y cyfeirir atynt yn y rheoliad hwn gael eu cyflawni gan swyddog a awdurdodwyd ganddynt yn y cyswllt hwnnw.

Trosglwyddo cleifion a alwyd yn eu hôl i ysbyty

26.—(1) Mae'r rheoliad hwn yn gymwys mewn cysylltiad ag unrhyw glaf sydd am y tro yn cael ei alw yn ei ôl o fod yn destun gorchymyn triniaeth gymunedol o dan adran 17E.

(2) Pan nad yw'r ysbyty y galwyd y claf yn ei ôl iddo o dan yr un rheolaeth â'r ysbyty y trosglwyddir y claf iddo, ni chaniateir i'r trosglwyddiad ddigwydd ond os yw'r gofynion ym mharagraffau (3) hyd (5) yn cael eu bodloni.

(3) Yn ddarostyngedig i baragraff (5) caniateir i glaf y cyfeirir ato ym mharagraff (1) gael ei drosglwyddo i ysbyty arall pan fo—

- (a) awdurdod i drosglwyddo ar y ffurf a osodir yn Rhan 1 o Ffurflen TC 6 wedi'i roi gan reolwyr yr ysbyty y mae'r claf yn cael ei gadw'n gaeth ynddo cyn y trosglwyddiad;
- (b) y rheolwyr hynny wedi eu bodloni bod trefniadau wedi cael eu gwneud ar gyfer derbyn y claf i'r ysbyty y bwriedir ei drosglwyddo iddo.

(4) Wedi i'r claf hwnnw gael ei drosglwyddo, rhaid i reolwyr yr ysbyty y mae wedi'i drosglwyddo iddo gofnodi derbyniad y claf ar y ffurf a osodir yn Rhan 2 o Ffurflen TC 6.

(5) Rhaid i reolwyr yr ysbyty y trosglwyddir y claf ohono ddarparu i reolwyr yr ysbyty y trosglwyddir y claf iddo gopi o Ffurflen CP 6 (cofnod o gadwad y claf yn gaeth yn yr ysbyty ar ôl iddo gael ei alw yn ei ôl) cyn neu ar adeg trosglwyddo'r claf.

(6) Pan fo—

- (a) claf wedi ei alw yn ei ôl i ysbyty sy'n sefydliad cofrestredig; a
- (b) y claf hwnnw yn cael ei gynnal o dan contract gydag Ymddiriedolaeth Gwasanaeth Iechyd Gwladol, Bwrdd Iechyd Lleol, Awdurdod Iechyd Strategol, Ymddiriedolaeth Gofal Sylfaenol, Ymddiriedolaeth Sefydledig GIG, Awdurdod Iechyd Arbennig neu Weinidogion Cymru,

caniateir rhoi unrhyw awdurdod i drosglwyddo sy'n ofynnol o dan baragraff (3) gan swyddog a awdurdodwyd yn briodol i'r ymddiriedolaeth honno, i'r bwrdd hwnnw neu i'r awdurdod hwnnw neu gan Weinidogion Cymru, yn lle'r rheolwyr.

(7) Yn y rheoliad hwn, caniateir i swyddogaethau'r rheolwyr gael eu cyflawni gan swyddog a awdurdodwyd ganddynt yn y cyswllt hwnnw.

Cludo i'r ysbyty adeg trosglwyddo

27.—(1) Pan fo amodau rheoliad 23(2), 24(4) neu 26(2), yn ôl y digwydd, wedi eu bodloni, bydd yr awdurdod i drosglwyddo a roddwyd yn unol â'r rheoliadau hynny yn awdurdod digonol i'r personau canlynol fynd ag ef a'i gludo i'r ysbyty y mae'r claf yn cael ei drosglwyddo iddo o fewn y cyfnodau penodedig—

- (a) mewn achos y mae rheoliad 23(2) yn gymwys iddo, un o swyddogion rheolwyr y naill ysbyty neu'r llall, neu unrhyw berson a awdurdodir gan y rheolwyr hynny o fewn y cyfnod o 28 o ddiwrnodau gan ddechrau ar ddyddiad yr awdurdod i drosglwyddo;
- (b) mewn achos y mae rheoliad 24(4) yn gymwys iddo, un o swyddogion awdurdod gwasanaethau cymdeithasol lleol, neu unrhyw berson a awdurdodir gan yr awdurdod gwasanaethau cymdeithasol lleol, o fewn y cyfnod o 14 o ddiwrnodau gan ddechrau ar y dyddiad y cafodd y claf ei archwilio ddiwethaf gan ymarferydd meddygol at ddibenion rheoliad 24(4)(c);
- (c) mewn achos y mae rheoliad 26 yn gymwys iddo, un o swyddogion rheolwyr yr ysbyty y trosglwyddir y claf iddo neu unrhyw berson arall a awdurdodwyd ganddynt, o fewn y cyfnod o 72 o oriau sy'n dechrau gydag amser y cedwir y claf yn gaeth yn unol â galwad y claf yn ei ôl o dan adran 17E.

(2) Mae paragraff (1) hefyd yn gymwys i glaf sydd—

- (a) yn agored i gael ei gadw'n gaeth o dan y Ddeddf ac yn cael ei symud i ysbyty arall o dan amgylchiadau y mae adran 19(3) yn gymwys iddynt, fel petai'r awdurdod a roddwyd gan y rheolwyr ar gyfer y trosglwyddo hwnnw yn awdurdod i drosglwyddo a roddwyd yn unol â rheoliad 23(2);
- (b) yn agored i gael ei gadw'n gaeth mewn ysbyty arbennig ac sydd, yn unol â chyfarwyddyd a roddwyd gan Weinidogion Cymru o dan adran 123(1) neu (2), yn cael ei symud i ysbyty arbennig arall neu'n cael ei drosglwyddo i ysbyty arall, fel petai'r cyfarwyddyd hwnnw'n awdurdod i drosglwyddo a roddwyd yn unol â rheoliad 23(2).

(3) Mewn achos y mae rheoliad 23(6)(a) yn gymwys iddo, caiff un o swyddogion rheolwyr y sefydliad cofrestredig, neu unrhyw berson arall a awdurdodir ganddynt, fynd â'r claf a'i gludo i'r sefydliad cofrestredig y mae'n cael ei drosglwyddo iddo.

Trosglwyddiadau o Gymru i Loegr ac o Loegr i Gymru

28.—(1) Pan fo claf sy'n agored i gael ei gadw'n gaeth neu sy'n destun gwarcheidiaeth o dan y Ddeddf yn cael ei drosglwyddo o ysbyty neu warcheidiaeth yng Nghymru i ysbyty neu warcheidiaeth yn Lloegr, bydd y trosglwyddiad hwnnw yn ddarostyngedig i unrhyw amodau a ragnodir yn y Rheoliadau hyn.

(2) Pan fo claf sy'n agored i gael ei gadw'n gaeth neu sy'n destun gwarcheidiaeth o dan y Ddeddf yn cael ei drosglwyddo o ysbyty neu warcheidiaeth yn Lloegr i ysbyty neu warcheidiaeth yng Nghymru, bydd y trosglwyddiad hwnnw a'r ddyletswydd i gofnodi derbyn y claf a drosglwyddir felly yn ddarostyngedig i'r amodau a ragnodir mewn Rheoliadau a wnaed gan yr Ysgrifennydd Gwladol at berwyl tebyg ar gyfer Lloegr.

(3) Pan fo paragraff (2) yn gymwys a bod unrhyw Reoliadau a wnaed gan yr Ysgrifennydd Gwladol at berwyl tebyg ar gyfer Lloegr yn darparu ar gyfer awdurdod i gludo claf yn Lloegr, bydd y Rheoliadau hynny yn darparu awdurdod i gludo'r claf tra bydd yng Nghymru.

Symud cleifion

29.—(1) Mae paragraffau (2) a (3) yn gymwys i unrhyw glaf sy'n cael ei symud o'r Alban, Gogledd Iwerddon, o unrhyw un o Ynysoedd y Sianel neu Ynys Manaw i Gymru o dan—

- (a) adran 82, 84 neu 85 (yn ôl y digwydd), neu
- (b) Rheoliadau a wneir o dan adran 290 o Ddeddf Iechyd Meddwl (Gofal a Thriniaeth) (Yr Alban) 2003⁽⁶⁾ (symud a dychwelyd cleifion o fewn y Deyrnas Unedig).

(2) Pan fo claf y mae'r paragraff hwn yn gymwys iddo yn agored i gael ei gadw'n gaeth mewn ysbyty, rhaid i reolwyr yr ysbyty—

- (a) gofnodi ar y ffurf a osodir yn Ffurflen TC 7 y dyddiad y derbyniwyd y claf i'r ysbyty, a
- (b) cymryd unrhyw gamau sy'n rhesymol ymarferol i hysbysu'r person (os oes un) y mae'n ymddangos mai ef yw perthynas agosaf y claf neu'r person y mae'n ymddangos ei fod yn cyflawni swyddogaethau sy'n cyfateb i swyddogaethau a gyflawnir gan berthnasau agosaf o dderbyniad y claf.

(3) Pan fo claf y mae'r paragraff hwn yn gymwys iddo yn cael ei dderbyn i warcheidiaeth, rhaid i'r gwarcheidwad—

- (a) cofnodi ar y ffurf a bennir yn Ffurflen TC 7 y dyddiad y mae'r claf yn cyrraedd y lle y mae i breswyllo ynddo adeg ei dderbyn i warcheidiaeth o dan y Ddeddf;
- (b) cymryd unrhyw gamau sy'n rhesymol ymarferol i hysbysu'r person (os oes un) y mae'n ymddangos mai ef yw perthynas agosaf y claf neu berson y mae'n ymddangos ei fod yn cyflawni swyddogaethau sy'n cyfateb i swyddogaethau a gyflawnir gan berthnasau agosaf o dderbyniad y claf i warcheidiaeth o dan y Ddeddf; ac
- (c) rhaid i warcheidwad preifat hysbysu'r awdurdod gwasanaethau cymdeithasol lleol cyfrifol o'r dyddiad a grybwyllwyd yn is-baragraff (a) ac o'r manylion a grybwyllwyd yn rheoliad 11(1)(b) a (d).

(4) Mae paragraff (5) yn gymwys i glaf a symudir o'r Alban, o unrhyw un o Ynysoedd y Sianel neu o Ynys Manaw i Gymru o dan —

- (a) adran 289 o Ddeddf Iechyd Meddwl (Gofal a Thriniaeth) (Yr Alban) 2003; neu
- (b) adran 85ZA (cyfrifoldeb dros gleifion cymunedol a drosglwyddir o unrhyw un o Ynysoedd y Sianel neu Ynys Manaw)⁽⁷⁾ yn achos unrhyw un o Ynysoedd y Sianel ac Ynys Manaw.

(5) Pan fo claf y mae'r paragraff hwn yn gymwys iddo i gael triniaeth yn y gymuned—

- (a) rhaid i'r amodau a bennir gan y clinigydd cyfrifol o dan adran 80C(5) neu 85ZA(4) at ddibenion adran 17B(1) fod ar y ffurf a osodir yn Rhan 1 o Ffurflen TC 8;
- (b) rhaid i gytundeb y gweithiwr proffesiynol iechyd meddwl cymeradwy sy'n ofynnol o dan adran 80C(6) fod ar y ffurf a osodir yn Rhan 2 o Ffurflen TC 8;

⁽⁶⁾ 2003 dsa 13.

⁽⁷⁾ Mewnosodwyd adran 85ZA gan baragraff 12 o Atodlen 5 i Ddeddf Iechyd Meddwl 2007.

- (c) rhaid i reolwyr yr ysbyty cyfrifol y mae'r claf yn cael ei drin mewn cysylltiad ag ef fel claf sydd wedi'i dderbyn yn rhinwedd adran 80C(2) o'r Ddeddf gofnodi ar y ffurf a osodir yn Rhan 3 o Ffurflen TC 8 y dyddiad y cyrhaeddodd y claf y lle y mae i breswyllo ynddo yng Nghymru (ac y mae'r claf yn cael ei drin o ganlyniad i hynny fel petai gorchymyn triniaeth gymunedol wedi'i wneud yn ei ollwng o'r ysbyty).

Darparu gwybodaeth – trosglwyddo

30. Os bwriedir trosglwyddo neu os trosglwyddir mewn gwirionedd—

- (a) claf ysbyty o dan reoliad 23(2) i ysbyty a chanddo reolwyr ysbyty gwahanol i'r rheolwyr sydd yn yr ysbyty y trosglwyddwyd y claf ohono, rhaid i reolwyr yr ysbyty mae'r claf i drosglwyddo iddo neu y trosglwyddir iddo hysbysu'r claf ac, ac eithrio pan fo claf yn gofyn fel arall, gymryd camau rhesymol ymarferol i hysbysu'r person (os oes un) y mae'n ymddangos mai ef yw perthynas agosaf y claf, yn ysgrifenedig, o'r trosglwyddiad ac enw a chyfeiriad yr ysbyty a manylion rheolwyr yr ysbyty hwnnw;
- (b) claf ysbyty i warcheidiaeth o dan adran 23(4) rhaid i'r awdurdod gwasanaethau cymdeithasol lleol cyfrifol, ac eithrio pan fo'r claf yn gofyn fel arall, gymryd camau rhesymol ymarferol i hysbysu'r person (os oes un) y mae'n ymddangos mai ef yw perthynas agosaf y claf o ddyddiad trosglwyddiad y claf neu, os nad yw wedi gwneud hynny, gofnodi ei resymau dros beidio â gwneud hynny;
- (c) claf gwarcheidiaeth i warcheidiaeth awdurdod arall neu berson arall o dan reoliad 24(2) rhaid i'r awdurdod gwasanaethau cymdeithasol lleol cyfrifol, ac eithrio pan fo claf yn gofyn fel arall, gymryd camau rhesymol ymarferol i hysbysu'r person (os oes un) y mae'n ymddangos mai ef yw perthynas agosaf y claf o ddyddiad trosglwyddiad y claf neu, os nad yw wedi gwneud hynny, gofnodi ei resymau dros beidio â gwneud hynny;
- (ch) claf gwarcheidiaeth i ysbyty o dan reoliad 24(4), rhaid i reolwyr yr ysbyty y mae'r claf i drosglwyddo iddo neu y trosglwyddwyd iddo hysbysu'r claf ac, ac eithrio pan fo'r claf yn gofyn fel arall, gymryd camau rhesymol ymarferol i hysbysu'r person (os oes un) y mae'n ymddangos mai ef yw perthynas agosaf y claf, yn ysgrifenedig, o enw a chyfeiriad yr ysbyty a manylion rheolwyr yr ysbyty.

Darparu gwybodaeth – trosglwyddo yn achos marwolaeth, analluedd etc. y gwarcheidwad

31. Oni bai bod y claf yn gofyn fel arall, pan freinir gwarcheidiaeth claf yn yr awdurdod gwasanaethau cymdeithasol lleol neu pan fo swyddogaethau gwarcheidwad, yn ystod analluedd y gwarcheidwad, yn cael eu trosglwyddo i'r awdurdod neu berson a gymeradwyir ganddo o dan adran 10 (trosglwyddo gwarcheidiaeth yn achos marwolaeth, analluedd etc. y gwarcheidwad), rhaid i'r awdurdod gwasanaethau cymdeithasol lleol cyfrifol gymryd camau rhesymol ymarferol i beri i'r person (os oes un) y mae'n ymddangos mai ef yw perthynas agosaf y claf gael ei hysbysu o'r breiniad hwnnw, neu yn ôl y digwydd, o'r trosglwyddiad cyn iddo ddigwydd neu cyn gynted ag y bo'n ymarferol wedi hynny.

Darparu gwybodaeth – aseinio cyfrifoldeb dros gleifion cymunedol

32. Os bwriedir aseinio cyfrifoldeb dros glaf cymunedol neu os caiff ei aseinio mewn gwirionedd, rhaid i reolwyr yr ysbyty yr aseiniwyd y cyfrifoldeb iddo—

- (a) hysbysu'r claf, yn ysgrifenedig, o enw a chyfeiriad yr ysbyty cyfrifol a manylion rheolwyr yr ysbyty (ni waeth a oes newidiadau yn rheolwyr yr ysbyty ai peidio); a
- (b) oni bai bod y claf yn gofyn fel arall, pan fo'r aseinio yn cael ei wneud i ysbyty o dan reolaeth wahanol i'r ysbyty aseinio o dan reoliad 25(2), gymryd camau rhesymol ymarferol

i hysbysu'r person (os oes un) y mae'n ymddangos mai ef yw perthynas agosaf y claf, enw a chyfeiriad yr ysbyty cyfrifol a manylion rheolwyr yr ysbyty hwnnw.

RHAN 6

Swyddogaethau'r Perthnasau Agosaf

Cyflawni swyddogaethau'r perthynas agosaf

33.—(1) Yn ddarostyngedig i baragraff (8) a'r amodau ym mharagraff (7), caiff perthynas agosaf claf awdurdodi mewn ysgrifun unrhyw berson ac eithrio—

- (a) y claf; neu
- (b) person a grybwyllir yn adran 26(5) (personau y bernir nad un ohonynt hwy yw'r perthynas agosaf),

i weithredu ar ei ran mewn cysylltiad â'r materion a grybwyllir ym mharagraff (2).

(2) Y materion hynny yw cyflawni mewn cysylltiad â'r claf y swyddogaethau a roddwyd i'r perthynas agosaf o dan—

- (a) Rhan 2 o'r Ddeddf (fel y'i haddaswyd gan Atodlen 1 i'r Ddeddf yn ôl y digwydd); a
- (b) adran 66 (ceisiadau i driwlynsoedd).

(3) Mae awdurdod o'r fath yn rhoi i'r person a awdurdodwyd yr holl hawliau sydd gan y perthynas agosaf ac sy'n rhesymol angenrheidiol i gyflawni'r swyddogaethau y cyfeirir atynt ym mharagraff (2) ac yn gysylltiedig â'u cyflawni neu sy'n rhesymol angenrheidiol i roi effaith lawn i'r swyddogaethau hynny.

(4) Mae unrhyw awdurdod o'r fath yn dod yn weithredol pan fydd y person a awdurdodwyd yn cael yr awdurdod.

(5) Yn ddarostyngedig i amodau yn is-baragraff (7)(b), caiff perthynas agosaf claf ddirymu'r awdurdod hwnnw.

(6) Mae unrhyw ddirymiad o'r awdurdod hwnnw yn dod yn weithredol pan fydd y person a awdurdodwyd yn cael yr hysbysiad.

(7) Yr amodau a grybwyllir ym mharagraffau (1) a (5), fel y bônt yn berthnasol, yw—

- (a) bod y person sydd i'w awdurdodi wedi cydsynio; a
- (b) adeg gwneud neu ddirymu awdurdod o'r fath, rhaid i'r perthynas agosaf roi hysbysiad ysgrifenedig o'r ffaith i'r canlynol —
 - (i) y person a awdurdodwyd;
 - (ii) y claf;
 - (iii) yn achos claf sy'n agored i gael ei gadw'n gaeth mewn ysbyty, rheolwyr yr ysbyty hwnnw;
 - (iv) yn achos claf sy'n destun gwarcheidiaeth, yr awdurdod gwasanaethau cymdeithasol cyfrifol a'r gwarcheidwad preifat, os oes un;
 - (v) yn achos claf cymunedol, rheolwyr yr ysbyty cyfrifol.

(8) Ni chaiff perthynas agosaf claf awdurdodi unrhyw berson o dan baragraff (1) i gyflawni swyddogaethau ar ei ran os bydd unrhyw berson wedi gwneud cais i'r llys am ddisodli'r perthynas agosaf hwnnw o dan adran 29 o'r Ddeddf ar y seiliau a restrir yn is-baragraffau (b) i (e) o is-adran (3) o'r adran honno.

(9) Caniateir trosglwyddo awdurdodiad neu hysbysiad y cyfeirir ato yn y rheoliad hwn drwy gyfrwng cyfathrebiad electronig os yw'r sawl sydd i gael yr awdurdodiad neu'r hysbysiad yn cytuno i hynny.

Cyfyngiad ar ollwng gan y perthynas agosaf

34.—(1) Rhaid i unrhyw adroddiad a roddir gan y clinigydd cyfrifol at ddibenion adran 25 (cyfyngiadau ar ollwng gan y perthynas agosaf)—

- (a) bod ar y ffurf a osodir yn Rhan 1 o Ffurflen NR 1; a
 - (b) bod, o ran y modd y mae'n dod i law—
 - (i) rheolwyr yr ysbyty y mae'r claf yn agored i gael ei gadw'n gaeth ynddo
 - (ii) rheolwyr yr ysbyty cyfrifol yn achos claf cymunedol
- ar y ffurf a osodir yn Rhan 2 o Ffurflen NR 1.

(2) Yn ychwanegol at y dulliau o gyflwyno dogfennau y darperir ar eu cyfer gan reoliad 3(1), caniateir darparu adroddiadau o dan y rheoliad hwn drwy—

- (a) eu trosglwyddo drwy ffacs, neu
 - (b) trosglwyddo ffurf electronig ar atgynhyrchiad o'r adroddiad,
- os yw rheolwyr yr ysbyty yn cytuno i hynny.

RHAN 7

Dirprwyo

Dirprwyo swyddogaethau rheolwyr ysbyty o dan y Ddeddf

35. Caniateir cyflawni swyddogaethau rheolwyr ysbyty gan unrhyw berson a awdurdodir ganddynt yn y cyswllt hwnnw mewn cysylltiad â'r canlynol—

- (a) hysbysu awdurdodau gwasanaethau cymdeithasol lleol o dan adran 14 (adroddiadau cymdeithasol) o gleifion a gedwir yn gaeth ar sail ceisiadau gan eu perthnasau agosaf;
- (b) awdurdodi personau o dan adran 17(3) (caniatâd i fod yn absennol o'r ysbyty) i gadw mewn cystodaeth gleifion sydd wedi cael caniatâd i fod yn absennol sy'n ddarostyngedig i amod eu bod yn aros mewn cystodaeth,
- (c) awdurdodi person o dan adrannau 18(1) a (2A) (dychwelyd ac aildderbyn cleifion sy'n absennol heb ganiatâd) i gymryd a dychwelyd cleifion a gedwir yn gaeth a chleifion cymunedol yn y drefn honno sy'n absennol heb ganiatâd.

Dirprwyo swyddogaethau rheolwyr ysbyty o dan Ddeddf Trais Domestig, Troseddu a Dioddefwyr 2004

36. Caniateir cyflawni swyddogaethau rheolwyr ysbyty o dan adrannau 35 i 44B o Ddeddf Trais Domestig, Troseddu a Dioddefwyr 2004 (darparu gwybodaeth i ddioddefwyr cleifion o dan y Ddeddf etc.)(8) gan unrhyw berson a awdurdodir ganddynt yn y cyswllt hwnnw.

(8) Fel y'i diwygiwyd gan adran 48 o Ddeddf Iechyd Meddwl 2007 ac Atodlen 6 iddi. Yn rhinwedd adran 45(4) o Ddeddf Trais Domestig, Trosedd a Dioddefwyr 2004 mae swyddogaeth a roddir i reolwyr ysbyty o dan adrannau 35 i 44B o'r Ddeddf honno i'w thrin fel un o swyddogaethau'r rheolwyr hynny o dan Ran 3 o Ddeddf Iechyd Meddwl 1983 at ddibenion adran 32(3) o Ddeddf 1983 (rheoliadau am ddirprwyo swyddogaethau rheolwyr, etc).

Dirprwyo gan awdurdodau gwasanaethau cymdeithasol lleol

37.—(1) Ac eithrio fel y darperir gan baragraff (2), caiff awdurdod gwasanaethau cymdeithasol lleol ddirprwyo ei swyddogaethau o dan Rannau 2 a 3 o'r Ddeddf a'r Rheoliadau hyn yn yr un ffordd ac i'r un personau ag y caniateir dirprwyo ei swyddogaethau y cyfeirir atynt yn Neddf Llywodraeth Leol 1972(9) yn unol ag adran 101 o'r Ddeddf honno.

(2) Ni chaniateir dirprwyo swyddogaeth yr awdurdod gwasanaethau cymdeithasol lleol o dan adran 23 (gollwng cleifion) mewn dull nad yw'n unol â'r adran honno.

RHAN 8

Cydsynio i Driniaeth

Ffurfiâu ar driniaeth o dan Ran 4 o'r Ddeddf

38.—(1) At ddibenion adran 57 (triniaeth y mae cydsyniad ac ail farn yn ofynnol ar ei chyfer) mewnblaniad llawfeddygol o hormonau at ddibenion lleihau'r ysfâ rywiol gwrywaidd yw'r ffurf ar driniaeth y mae'r adran honno'n gymwys iddi, yn ychwanegol at y driniaeth a grybwyllir yn is-adran (1)(a) o'r adran honno (unrhyw lawdriniaeth llawfeddygol i ddistrywio meinwe yn yr ymennydd neu i ddistrywio gallu meinwe yn yr ymennydd i weithredu).

(2) At ddibenion adran 58A (therapi electrogynhyrfol, etc.) rhoi meddyginiaethau fel rhan o therapi electrogynhyrfol yw'r ffurf ar driniaeth y mae'r adran honno'n gymwys iddi, yn ychwanegol at roi'r therapi electrogynhyrfol a grybwyllir yn is-adran (1)(a) o'r adran honno.

(3) Nid yw adran 58A yn gymwys i driniaeth ar ffurf rhoi meddyginiaethau fel rhan o therapi electrogynhyrfol pan fo'r driniaeth honno yn dod o fewn adran 62(1)(a) neu (b) o'r Ddeddf (triniaeth y mae ei hangen ar unwaith i arbed bywyd claf neu i atal dirywiad difrifol yn ei gyflwr).

Ffurfiâu ar driniaeth o dan Ran 4A o'r Ddeddf

39. At ddibenion Rhan 4A o'r Ddeddf (triniaeth cleifion cymunedol nas galwyd yn eu hôl i'r ysbty)—

- (a) caniateir i driniaeth claf y mae adran 64B(3)(b) neu adran 64E(3)(b) (sy'n gosod allan pryd y caniateir rhoi triniaeth o dan Ran 4A o'r Ddeddf i oedolion o gleifion cymunedol a phlant o gleifion cymunedol yn y drefn honno) yn gymwys iddi gynnwys triniaeth ar ffurf rhoi meddyginiaethau fel rhan o therapi electrogynhyrfol ond dim ond pan fo'r driniaeth honno yn dod o fewn adran 64C(5)(a) neu (b).
- (b) caniateir i driniaeth claf y mae adran 64G (triniaeth frys ar gyfer cleifion cymunedol sydd heb gymhwyster neu gymhwysedd) yn gymwys iddi gynnwys triniaeth ar ffurf meddyginiaethau a ddefnyddir mewn cysylltiad â therapi electrogynhyrfol ond dim ond pan fo'r driniaeth honno yn dod o fewn adran 64C(5)(a) neu (b).

Tystysgrifau ar gyfer rhoi triniaeth

40.—(1) Rhaid i'r dystysgrif sy'n ofynnol o dan adrannau 57(2)(a) a (b) (triniaeth y mae cydsyniad ac ail farn yn ofynnol ar ei chyfer) fod ar y ffurf a osodir yn Ffurflen CO 1.

(2) Rhaid i'r dystysgrifau sy'n ofynnol o dan adrannau 58(3)(a) a (b) (triniaeth y mae cydsyniad ac ail farn yn ofynnol ar ei chyfer) fod ar y ffurf a osodir yn Ffurflenni CO 2 a CO 3 yn y drefn honno.

(3) Rhaid i'r tystysgrifau sy'n ofynnol o dan adrannau 58A(3)(c), (4)(c) a (5) (therapi electrogynhyrfol, etc.) fod ar y ffurf a osodir yn Ffurflenni CO 4, CO 5 a CO 6 yn y drefn honno.

(4) Rhaid i'r dystysgrif sy'n ofynnol o dan adrannau 64B(2)(b) neu 64E(2)(b) (trin cleifion cymunedol) fod ar y ffurf a osodir yn Ffurflen CO 7.

RHAN 9

Gohebiaeth Cleifion

Arolygu ac agor pecynnau post

41.—(1) Pan fo unrhyw becyn post yn cael ei arolygu a'i agor o dan adran 134(4) (arolygu ac agor pecynnau post a gyfeirir at gleifion mewn ysbyty neu a gyfeirir ganddynt), ond nad yw'r pecyn nac ychwaith unrhyw beth sydd wedi'i gynnwys ynddo wedi'i atal o dan adran 134(1), rhaid i'r person a benodwyd gofnodi mewn ysgrifen—

- (a) bod y pecyn wedi'i arolygu a'i agor felly;
- (b) nad oes unrhyw beth yn y pecyn wedi'i atal; ac
- (c) ei enw ac enw'r ysbyty,

a rhaid iddo, cyn ailselio'r pecyn, roi'r cofnod yn y pecyn hwnnw a chadw copi o'r cofnod hwnnw.

(2) Pan fo unrhyw becyn post neu unrhyw beth sydd wedi'i gynnwys ynddo wedi'i atal o dan adran 134(1) gan y person a benodwyd—

- (a) rhaid iddo gofnodi mewn cofrestr a gedwir i'r perwyl hwnnw—
 - (i) bod y pecyn neu unrhyw beth sydd wedi'i gynnwys ynddo wedi'i atal,
 - (ii) y dyddiad y cafodd ei atal felly,
 - (iii) ar ba seiliau y cafodd ei atal felly,
 - (iv) disgrifiad o gynnwys y pecyn a ataliwyd ac o unrhyw eitem a ataliwyd, a
 - (v) ei enw ac enw'r ysbyty; a
- (b) os caiff unrhyw beth sydd wedi'i gynnwys yn y pecyn ei atal, rhaid iddo gofnodi mewn ysgrifen—
 - (i) bod y pecyn wedi'i arolygu a'i agor;
 - (ii) bod eitem sydd wedi'i gynnwys yn y pecyn wedi'i atal neu fod eitemau sydd wedi'u cynnwys ynddo wedi'u hatal,
 - (iii) disgrifiad o unrhyw eitem o'r fath, a
 - (iv) ei enw ac enw'r ysbyty,

a rhaid iddo, cyn ailselio'r pecyn, roi'r cofnod yn y pecyn hwnnw.

(3) At ddibenion y rheoliad hwn ystyr “y person a benodwyd” yw person a benodwyd o dan adran 134(7) i gyflawni swyddogaethau rheolwyr yr ysbyty o dan yr adran honno.

Gwasanaethau Eiriol Annibynnol

42. At ddibenion adran 134(3A)(b)(iii), y trefniadau a ragnodwyd yw'r trefniadau mewn cysylltiad ag eiriolwyr galluedd meddyliol annibynnol a wneir o dan adrannau 35 i 41 o Ddeddf Galluedd Meddyliol 2000(10) (gwasanaeth eiriol annibynnol).

RHAN 10

Dirymiadau

Dirymiadau

43. Mae'r Rheoliadau a bennir yn Atodlen 2 wedi'u dirymu o ran Cymru.

15 Medi 2008

Edwina Hart
Y Gweinidog dros Iechyd a Gwasanaethau
Cymdeithasol, un o Weinidogion Cymru

Statws This is the original version (as it was originally made). Dim ond ar ei ffurf wreiddiol y mae'r eitem hon o ddeddfwriaeth ar gael ar hyn o bryd.

ATODLEN 1

FFURFLENNI

Form HO 1 Mental Health Act 1983 section 2—application by nearest relative for admission for assessment

Regulation 4(1)(a)(i)

To the managers of [name and address of hospital]

I [full name] of [full address] apply for the admission of [full name of patient] of [full address of patient] for assessment in accordance with Part 2 of the Mental Health Act 1983.

Delete either (a) or (b) and complete as applicable

- (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 have been authorised to exercise the functions under the Act of the patient's nearest relative by a county court/the patient's nearest relative *<delete the phrase that does not apply>*, and a copy of the authority is attached to this application.

I last saw the patient on [date] which was within the period of 14 days ending on the day this application is signed.

This application is founded on two medical recommendations in the prescribed form.

If neither of the medical practitioners had previous acquaintance with the patient before making their recommendations, please explain why you could not get a recommendation from a medical practitioner who did have previous acquaintance with the patient [insert reasons]

Signed [signature]

Date [date]

Form HO 2 Mental Health Act 1983 section 2—application by an approved mental health professional for admission for assessment

Statws This is the original version (as it was originally made). Dim ond ar ei ffurf wreiddiol y mae'r eitem hon o ddeddfwriaeth ar gael ar hyn o bryd.

Regulation 4(1)(a)(ii)

To the managers of [name and address of hospital]

I [full name] of [full office address] apply for the admission of [full name of patient] of [full address of patient] for assessment in accordance with Part 2 of the Mental Health Act 1983.

I am acting on behalf of [name of local social services authority] and am approved to act as an approved mental health professional for the purposes of the Act by that authority/[name of local social services authority that approved you, if different] *<delete as appropriate>*

The following section should be completed if nearest relative is known

Complete (a) or (b) as applicable and delete the other

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

OR

(b) I understand that [full name and address] has been authorised by a county court/the patient's nearest relative* to exercise the functions under the Act of the patient's nearest relative.

I have/have not yet* informed that person that this application is to be made and of the nearest relative's power to order the discharge of the patient.

< Delete as appropriate>*

The following section should be completed if the nearest relative is not known

Delete (a) or (b)

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

OR

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

The remainder of the form must be completed in all cases

I last saw the patient on [date] which is within the period of 14 days ending on the day this application is signed.

I have interviewed the patient 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 of which the patient stands in need.

This application is founded on two medical recommendations in the prescribed form.

If neither of the medical practitioners had previous acquaintance with the patient before making their recommendations, please explain why you could not get a recommendation from a medical practitioner who did have previous acquaintance with the patient [insert reasons]

Signed [signature]

Date [date]

Form HO 3Mental Health Act 1983 section 2-joint medical recommendation for admission for assessment

Statws This is the original version (as it was originally made). Dim ond ar ei ffurf wreiddiol y mae'r eitem hon o ddeddfwriaeth ar gael ar hyn o bryd.

Regulation 4(1)(b)(i)

We, both being registered medical practitioners, recommend that [full name and address of patient] be admitted to a hospital for assessment in accordance with Part 2 of the Mental Health Act 1983.

I [full name and address of first practitioner] last examined this patient on [date].

* I had previous acquaintance with the patient before I conducted that examination.

* I am approved under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

<* delete if not applicable >

I [full name and address of second practitioner] last examined this patient on [date].

* I had previous acquaintance with the patient before I conducted that examination.

* I am approved under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

<* delete if not applicable >

In our opinion this patient

(g) is suffering from mental disorder of a nature or degree which warrants the detention of the patient in hospital for assessment (or for assessment followed by medical treatment) for at least a limited period

AND

(h) ought to be so detained

- (i) in the interests of the patient's own health
- (ii) in the interests of the patient's own safety
- (iii) with a view to the protection of other persons

<delete the indents not applicable >

Our reasons for these opinions are: [Your reasons should cover both (a) and (b) above. As part of them describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; explain why the patient ought to be admitted to hospital and why informal admission is not appropriate]

Signed [signature]

Date [date]

Signed [signature]

Date [date]

Form HO 4Mental Health Act 1983 section 2—medical recommendation for admission for assessment

Statws This is the original version (as it was originally made). Dim ond ar ei ffurf wreiddiol y mae'r eitem hon o ddeddfwriaeth ar gael ar hyn o bryd.

Regulation 4(1)(b)(ii)

I [full name and address of medical practitioner], a registered medical practitioner, recommend that [full name and address of patient] be admitted to a hospital for assessment in accordance with Part 2 of the Mental Health Act 1983.

I last examined this patient on [date].

* I had previous acquaintance with the patient before I conducted that examination.

* I am approved under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

<* delete if not applicable >

In my opinion this patient

- (i) is suffering from mental disorder of a nature or degree which warrants detention of the patient in a hospital for assessment (or for assessment followed by medical treatment) for at least a limited period

AND

- (j) ought to be so detained
 - (i) in the interests of the patient's own health
 - (ii) in the interests of the patient's own safety
 - (iii) with a view to the protection of other persons

My reasons for this opinion are: [Your reasons should cover both (a) and (b) above. As part of them describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; explain why the patient ought to be admitted to hospital and why informal admission is not appropriate]

Signed [signature]

Date [date]

Form HO 5Mental Health Act 1983 section 3–application by nearest relative for admission for treatment

Regulation 4(1)(c)(i)

To the managers of [name and address of hospital]

I [full name] of [full address] apply for the admission of [full name of patient] of [full address of patient] for treatment in accordance with Part 2 of the Mental Health Act 1983.

Delete either (a) or (b) and complete as applicable

- (k) 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].
- (l) I have been authorised to exercise the functions under the Act of the patient's nearest relative by a county court/the patient's nearest relative <delete the phrase that does not apply>, and a copy of the authority is attached to this application.

I last saw the patient on [date] which was within the period of 14 days ending on the day this application is signed.

This application is founded on two medical recommendations in the prescribed form.

If neither of the medical practitioners had previous acquaintance with the patient before making their recommendations, please explain why you could not get a recommendation from a medical practitioner who did have previous acquaintance with the patient [insert reasons]

Signed [signature]

Date [date]

Form HO 6Mental Health Act 1983 section 3–application by an approved mental health professional for admission for treatment

Statws This is the original version (as it was originally made). Dim ond ar ei ffurf wreiddiol y mae'r eitem hon o ddeddfwriaeth ar gael ar hyn o bryd.

Regulation 4(1)(c)(ii)

To the managers of [name and address of hospital]

I [full name] of [full address] apply for the admission of [full name of patient] of [full address of patient] for treatment in accordance with Part 2 of the Mental Health Act 1983.

I am acting on behalf of [name of local social services authority] and am approved to act as an approved mental health professional for the purposes of the Act by that authority/[name of local social services that approved you, if different] < *delete as appropriate >

The following section should be completed where consultation with the nearest relative has taken place.

Complete (a) or (b) and delete the other

(m) I have consulted [full name and address] who to the best of my knowledge and belief is the patient's nearest relative within the meaning of the Act.

OR

(n) I have consulted [full name and address] who I understand has been authorised by a county court/the patient's nearest relative* to exercise the functions under the Act of the patient's nearest relative. < * delete the phrase that does not apply >

That person has not notified me or the local social services authority on whose behalf I am acting that he or she objects to this application being made.

The following section should be completed where no consultation with the nearest relative has taken place

Delete whichever two of (a), (b) or (c) do not apply

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

OR

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

OR

(q) I understand that [full name and address] is

(i) this patient's nearest relative within the meaning of the Act

(ii) authorised to exercise the functions of this patient's nearest relative under the Act

< * delete either (i) or (ii) >

but in my opinion it is not reasonably practicable/would involve unreasonable delay* to consult that person before making this application, because [insert reasons]

< * Delete as appropriate >

The remainder of this form must be completed in all cases

I saw the patient on [date] which was within the period of 14 days ending on the day this application is signed.

I have interviewed the patient 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 of which the patient stands in need.

This application is founded on two medical recommendations in the prescribed form.

If neither of the medical practitioners had previous acquaintance with the patient before making their recommendations, please explain why you could not get a recommendation from a medical practitioner who did have previous acquaintance with the patient [insert reasons]

Signed [signature]

Date [date]

Form HO 7Mental Health Act 1983 section 3–joint medical recommendation for admission for treatment

Statws This is the original version (as it was originally made). Dim ond ar ei ffurf wreiddiol y mae'r eitem hon o ddeddfwriaeth ar gael ar hyn o bryd.

Regulation 4(1)(d)(i)

We, both being registered medical practitioners, recommend that [full name and address of patient] be admitted to a hospital for treatment in accordance with Part 2 of the Mental Health Act 1983.

I [full name and address of first practitioner] last examined this patient on [date].

* I had previous acquaintance with the patient before I conducted that examination.

* I am approved under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

<* delete as appropriate>

I [full name and address of second practitioner] last examined this patient on [date].

* I had previous acquaintance with the patient before I conducted that examination.

* I am approved under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

<* delete as appropriate>

In our opinion

(r) this patient is suffering from mental disorder of a nature or degree which makes it appropriate for the patient to receive medical treatment in hospital

AND

(s) it is necessary

- (i) for the patient's own health
- (ii) for the patient's own safety
- (iii) for the protection of other persons

<delete the indents not applicable>

that this patient should receive treatment in hospital

AND

(t) such treatment cannot be provided unless the patient is detained under section 3 of the Act

because [your reasons should cover (a), (b) and (c) above. As part of them describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; say whether other methods of care or treatment (e.g. out-patient treatment or social services) are available and, if so, why they are not appropriate; indicate why informal admission is not appropriate.]

We are also of the opinion that, taking into account the nature and degree of the mental disorder from which the patient is suffering and all the other circumstances of the case, appropriate medical treatment is available for the patient at the following hospital (or one of the following hospitals): [Enter name of hospital(s). If appropriate treatment is available in a particular part of the hospital, say which part].

Signed [signature]

Date [date]

Signed [signature]

Date [date]

Form HO 8Mental Health Act 1983 section 3–medical recommendation for admission for treatment

Statws This is the original version (as it was originally made). Dim ond ar ei ffurf wreiddiol y mae'r eitem hon o ddeddfwriaeth ar gael ar hyn o bryd.

Regulation 4(1)(d)(ii)

I [full name and address of practitioner], a registered medical practitioner, recommend that [full name and address of patient] be admitted to a hospital for treatment in accordance with Part 2 of the Mental Health Act 1983.

I last examined this patient on [date].

* I had previous acquaintance with the patient before I conducted that examination.

* I am approved under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

<* delete as appropriate>

In my opinion

(u) this patient is suffering from mental disorder of a nature or degree which makes it appropriate for the patient to receive medical treatment in hospital

AND

(v) it is necessary

- (i) for the patient's own health
- (ii) for the patient's own safety
- (iii) for the protection of other persons

<delete the indents not applicable>

that this patient should receive treatment in hospital

AND

(w) such treatment cannot be provided unless the patient is detained under section 3 of the Act

because [your reasons should cover (a), (b) and (c) above. As part of them describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; say whether other methods of care or treatment (e.g. out-patient treatment or social services) are available and, if so, why they are not appropriate; indicate why informal admission is not appropriate.]

I am also of the opinion that, taking into account the nature and degree of the mental disorder from which the patient is suffering and all the other circumstances of the case, appropriate medical treatment is available for the patient at the following hospital (or one of the following hospitals): [Enter name of hospital(s). If appropriate treatment is available in a particular part of the hospital, say which part].

Signed [signature]

Date [date]

Form HO 9Mental Health Act 1983 section 4—emergency application by nearest relative for admission for assessment

Statws This is the original version (as it was originally made). Dim ond ar ei ffurf wreiddiol y mae'r eitem hon o ddeddfwriaeth ar gael ar hyn o bryd.

Regulation 4(1)(e)(i)

THIS FORM IS TO BE USED ONLY FOR AN EMERGENCY APPLICATION

To the managers of [name and address of hospital]

I [full name] of [full address] apply for the admission of [full name of patient] of [full address of patient] for assessment in accordance with Part 2 of the Mental Health Act 1983.

Delete (a) or (b) and complete as applicable

- (x) 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].
- (y) I have been authorised to exercise the functions under the Act of the patient's nearest relative by a county court/the patient's nearest relative *<delete the phrase that does not apply>*, and a copy of the authority is attached to this application.

I last saw the patient on [date] which was within the last 24 hours.

In my opinion it is of urgent necessity for the patient to be admitted and detained under section 2 of the Act and compliance with the provisions of Part 2 of the Act relating to applications under that section would involve undesirable delay.

This application is founded on a medical recommendation in the prescribed form.

If the medical practitioner did not have previous acquaintance with the patient before making the recommendation, please explain why you could not get a recommendation from a medical practitioner who did have previous acquaintance with the patient [insert reasons]

Signed [signature]

Date [date]

Time [time]

Form HO 10Mental Health Act 1983 section 4—emergency application by an approved mental health professional for admission for assessment

Statws This is the original version (as it was originally made). Dim ond ar ei ffurf wreiddiol y mae'r eitem hon o ddeddfwriaeth ar gael ar hyn o bryd.

Regulation 4(1)(e)(ii)

THIS FORM IS TO BE USED ONLY FOR AN EMERGENCY APPLICATION

To the managers of [name and address of hospital]

I [full name] of [full address] apply for the admission of [full name of patient] of [full address of patient] for assessment in accordance with Part 2 of the Mental Health Act 1983.

I am acting on behalf of [name of local social services authority] and am approved to act as an approved mental health professional for the purposes of the Act by that authority/[name of local social services authority that approved you, if different] <delete as appropriate>.

I last saw the patient on [date] at [time] which was within the last 24 hours.

I have interviewed the patient 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 of which the patient stands in need.

In my opinion it is of urgent necessity for the patient to be admitted and detained under section 2 of the Act and compliance with the provisions of Part 2 of the Act relating to applications under that section would involve undesirable delay.

This application is founded on a medical recommendation in the prescribed form.

If the medical practitioner did not have previous acquaintance with the patient before making the recommendation, please explain why you could not get a recommendation from a medical practitioner who did have previous acquaintance with the patient [insert reasons]

Signed [signature]

Date [date]

Time [time]

Form HO 11Mental Health Act 1983 section 4–medical recommendation for emergency admission for assessment

Statws This is the original version (as it was originally made). Dim ond ar ei ffurf wreiddiol y mae'r eitem hon o ddeddfwriaeth ar gael ar hyn o bryd.

Regulation 4(1)(f)

THIS FORM IS TO BE USED ONLY FOR AN EMERGENCY APPLICATION

I [full name and address of medical practitioner], a registered medical practitioner, recommend that [full name and address of patient] be admitted to a hospital for assessment in accordance with Part 2 of the Mental Health Act 1983.

I last examined this patient on [date] at [time].

* I had previous acquaintance with the patient before I conducted that examination.

* I am approved under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

<*delete if not applicable>

I am of the opinion—

(z) that this patient is suffering from mental disorder of a nature or degree which warrants the patient's detention in a hospital for assessment for at least a limited period

AND

(aa) that this patient ought to be so detained

- (i) in the interests of the patient's own health
- (ii) in the interests of the patient's own safety
- (iii) with a view to the protection of other persons.

<delete the indents not applicable>

AND

(bb) it is of urgent necessity for the patient to be admitted and detained under section 2 of the Act.

My reasons for this opinion are: [Your reasons should cover (a), (b) and (c) above. As part of the describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; also explain why the patient ought to be admitted to hospital urgently and why informal admission is not appropriate]

Compliance with the provisions of Part 2 of the Act relating to applications under section 2 would involve undesirable delay, because [say approximately how long you think it would take to obtain a second medical recommendation and what risk such a delay would pose to the patient or to other people]

Signed [signature]

Date [date]

Time [time]

Form HO 12Mental Health Act 1983 section 5(2)—report on hospital in—patient

Statws This is the original version (as it was originally made). Dim ond ar ei ffurf wreiddiol y mae'r eitem hon o ddeddfwriaeth ar gael ar hyn o bryd.

Regulation 4(1)(g)

PART 1

(To be completed by the registered medical practitioner or approved clinician in charge of the treatment of the patient under section 5(2), or any person nominated under section 5(3))

To the managers of [name and address of hospital]

I am [full name] and I am

Delete (a) or (b) as appropriate

(cc) the registered medical practitioner/the approved clinician (who is not a registered medical practitioner) <delete the phrase which does not apply>

OR

(dd) a registered medical practitioner/an approved clinician who is the nominee of the registered medical practitioner or the approved clinician <delete the phrase which does not apply>

in charge of the treatment of [full name of patient], who is an in-patient in this hospital and not at present liable to be detained under the Mental Health Act 1983.

It appears to me that an application ought to be made under Part 2 of the Act for this patient's admission to hospital for the following reasons [the full reasons why informal treatment is no longer appropriate must be given.]

I am furnishing this report by: <delete the phrase which does not apply>

consigning it to the hospital managers' internal mail system today at [time]

delivering it (or having it delivered) by hand to a person authorised by the hospital managers to receive it.

Signed [signature]

Date [date]

PART 2

(To be completed on behalf of the hospital managers)

This report was <delete the phrase which does not apply>

furnished to the hospital managers through their internal mail system

delivered to me in person as someone authorised by the hospital managers to receive this report at [time] on [date]

Signed [signature], on behalf of the hospital managers

Name [name]

Date [date]

Form HO 13Mental Health Act 1983 section 5(4) – record of hospital in-patient

Statws This is the original version (as it was originally made). Dim ond ar ei ffurf wreiddiol y mae'r eitem hon o ddeddfwriaeth ar gael ar hyn o bryd.

Regulation 4(1)(h)

To the managers of [name and address of hospital]

[Full name of the patient]

It appears to me that –

(ee) this patient, who is receiving treatment for mental disorder as an in-patient of this hospital, is suffering from mental disorder to such a degree that it is necessary for the patient's health or safety or for the protection of others for this patient to be immediately restrained from leaving the hospital

AND

(ff) it is not practicable to secure the immediate attendance of a registered medical practitioner or an approved clinician for the purpose of furnishing a report under section 5(2) of the Mental Health Act 1983.

I am [full name], a nurse registered–

<delete whichever do not apply >

(gg) in Sub-Part 1 of the register, whose entry includes an entry to indicate the nurse's field of practice is mental health nursing

OR

(hh) in Sub-Part 2 of the register, whose entry includes an entry to indicate the nurse's field of practice is mental health nursing

OR

(ii) in Sub-Part 1 of the register, whose entry includes an entry to indicate the nurse's field of practice is learning disabilities nursing

OR

(jj) in Sub-Part 2 of the register, whose entry includes an entry to indicate the nurse's field of practice is learning disabilities nursing

Signed [signature]

Date [date]

Time [time]

Form HO 14Mental Health Act 1983 sections 2, 3 and 4 – record of detention in hospital

(To be attached to the application for admission or further medical recommendation)

PART 1

[Name and address of hospital]

[Full name of patient]

Complete (a) if the patient is not already an in-patient in the hospital

Complete (b) if the patient is already an in-patient

Delete the one which does not apply

- (kk) The above named patient was admitted to this hospital on [date of admission to hospital] at [time] in pursuance of an application for admission under section [state section] of the Mental Health Act 1983
- (ll) An application for the admission of the above named patient (who had already been admitted to this hospital) under section [state section] of the Mental Health Act 1983 was received by me on behalf of the hospital managers on [date] at [time] and the patient was accordingly treated as admitted for the purposes of the Act from that time.

Signed [signature], on behalf of the hospital managers

Name [full name]

Date [date]

PART 2

(To be completed only if the patient was admitted in pursuance of an emergency application)

On [date] at [time] I received, on behalf of the hospital managers, the second medical recommendation in support of the application for the admission of the above named patient.

Signed [signature], on behalf of the hospital managers

Name [full name]

Date [date]

Form HO 15Mental Health Act 1983 section 20–renewal of authority for detention

Statws This is the original version (as it was originally made). Dim ond ar ei ffurf wreiddiol y mae'r eitem hon o ddeddfwriaeth ar gael ar hyn o bryd.

Regulation 5

PART 1

(To be completed by the responsible clinician)

To the managers of [name and address of hospital in which the patient is liable to be detained].

I examined [full name of patient] on [date of examination]. The patient is liable to be detained for a period ending on [date authority for detention is due to expire]

I have consulted [full name] a [state profession] who has been professionally concerned with the patient's treatment.

In my opinion

(mm) this patient is suffering from mental disorder of a nature or degree which makes it appropriate for the patient to receive medical treatment in a hospital

AND

(nn) it is necessary

- (i) for the patient's own health
 - (ii) for the patient's own safety
 - (iii) for the protection of other persons,
- <delete the indents not applicable>

that this patient should receive treatment in hospital, because [Your reasons should cover both (a) and (b) above. As part of them describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; say whether other methods of treatment or care (e.g. out-patient treatment or social services) are available and, if so, why they are not appropriate.]

Such treatment cannot be provided unless the patient continues to be detained under the Act, for the following reasons [Reasons should indicate why informal admission is not appropriate.]

I am also of the opinion that, taking into account the nature and degree of the mental disorder from which the patient is suffering and all the other circumstances of the case, appropriate medical treatment is available to the patient.

Signed [signature]

Name [full name]

Profession [profession]

Date [date]

Statws This is the original version (as it was originally made). Dim ond ar ei ffurf wreiddiol y mae'r eitem hon o ddeddfwriaeth ar gael ar hyn o bryd.

PART 2

(To be completed by a professional who has been professionally concerned with patient's medical treatment and who is of a different profession from the Responsible Clinician)

I agree with the responsible clinician that: this patient is suffering from mental disorder of a nature or degree which makes it appropriate for the patient to receive medical treatment in a hospital; it is necessary for the patient's own health or safety or for the protection of other persons that the patient should receive such treatment and it cannot be provided unless the patient continues to be detained under the Act; and that, taking into account the nature and degree of the mental disorder from which the patient is suffering and all other circumstances of the case, appropriate medical treatment is available for the patient.

Signed [signature]
Name [name]
Profession [profession]
Date [date]

PART 3

(To be completed by the Responsible Clinician)

I am furnishing this report by: <delete the phrase which does not apply>

today consigning it to the hospital managers' internal mail system

sending or delivering it without using the hospital managers' internal mail system

Signed [signature]
Date [date]

PART 4

(To be completed on behalf of the hospital managers)

This report was <delete the phrase which does not apply>

furnished to the hospital managers through their internal mail system

received by me on behalf of the hospital managers on [date]

Signed [signature], on behalf of the hospital managers
Name [name]
Date [date]

Form HO 16Mental Health Act 1983 section 21B—authority for detention after absence without leave for more than 28 days

Statws This is the original version (as it was originally made). Dim ond ar ei ffurf wreiddiol y mae'r eitem hon o ddeddfwriaeth ar gael ar hyn o bryd.

Regulation 6

PART 1

(To be completed by the responsible clinician)

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

I examined [name of patient] on [date of examination] who:

(oo) was absent without leave from hospital or the place where the patient ought to have been beginning on [date absence without leave began];

(pp) was/is* liable to be detained for a period ending on [date authority for detention would have expired, apart from any extension under section 21, or date on which it will expire]; *<*delete the phrase which does not apply>* and

(qq) returned to the hospital or place on [date].

I have consulted [full name] who is an approved mental health professional.

I have also consulted [full name] a [profession] who has been professionally concerned with the patient's treatment.

In my opinion

(rr) this patient is suffering from mental disorder of a nature or degree which makes it appropriate for the patient to receive medical treatment in a hospital

AND

(ss) it is necessary

- (i) for the patient's own health
- (ii) for the patient's own safety
- (iii) for the protection of other persons

<delete the indents not applicable>

that this patient should receive treatment in hospital, because [Your reasons should cover both (a) and (b) above. As part of them describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; say whether other methods of treatment or care (e.g. out-patient treatment or social services) are available and, if so, why they are not appropriate.]

Such treatment cannot be provided unless the patient continues to be detained under the Act, for the following reasons [Reasons should indicate why informal admission is not appropriate.]

I am also of the opinion that, taking into account the nature and degree of the mental disorder from which the patient is suffering and all the other circumstances of the case, appropriate medical treatment is available to the patient.

The authority for the detention of the patient is/is not* due to expire within a period of two months beginning with the date on which this report is to be furnished to the hospital managers. *<*delete the phrase which does not apply>*

Complete the following only if the authority for detention is due to expire within that period of two months.

This report shall/shall not* have effect as a report duly furnished under section 20(3) for the renewal of the authority for the detention of the patient. *<*delete the phrase which does not apply>*

Statws This is the original version (as it was originally made). Dim ond ar ei ffurf wreiddiol y mae'r eitem hon o ddeddfwriaeth ar gael ar hyn o bryd.

Complete the following in all cases

I am furnishing this report by: <delete the phrase which does not apply>
today consigning it to the hospital managers' internal mail system
sending or delivering it without using the hospital managers' internal mail system

Signed [signature]

Name [name]

Date [date]

PART 2

(To be completed on behalf of the hospital managers)

This report was <delete the phrase which does not apply>
furnished to the hospital managers through their internal mail system
received by me on behalf of the hospital managers on [date]

Signed [signature], on behalf of the hospital managers

Name [name]

Date [date]

Form HO 17Mental Health Act 1983 section 23 – discharge by the responsible clinician or the hospital managers

Statws This is the original version (as it was originally made). Dim ond ar ei ffurf wreiddiol y mae'r eitem hon o ddeddfwriaeth ar gael ar hyn o bryd.

Regulation 7

I/We* order the discharge of [full name of patient and their address] from liability to detention under [state section] of the Mental Health Act 1983 on [date] at [time]

The patient will/will not* be remaining in hospital.

<*delete as appropriate>

Signed [signature]

Name [name], the Responsible Clinician

Date [date]

OR

Signed [signature] Name [name], a Hospital Manager

Signed [signature] Name [name], a Hospital Manager

Signed [signature] Name [name], a Hospital Manager

Date [date]

Form GU 1Mental Health Act 1983 section 7—guardianship application by nearest relative

Statws This is the original version (as it was originally made). Dim ond ar ei ffurf wreiddiol y mae'r eitem hon o ddeddfwriaeth ar gael ar hyn o bryd.

Regulation 9(1)(a)(i) and (b)

PART 1

(To be completed by the nearest relative)

To the [name of local social services authority]

I [your full name] of [your full address] apply for the reception of [full name of patient] of [full address of patient] into the guardianship of [name and address of proposed guardian] in accordance with Part 2 of the Mental Health Act 1983.

Delete (a) or (b) and complete as applicable

(tt) 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].

(uu) I have been authorised to exercise the functions under the Act of the patient's nearest relative by a county court/the patient's nearest relative <delete the phrase which does not apply>, and a copy of the authority is attached to this application.

Delete (i) or (ii) as applicable, and where (i) applies insert the date

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

OR

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

I last saw the patient on [date] which was within the period of 14 days ending on the day this application is signed.

This application is founded on two medical recommendations in the prescribed form.

If neither of the medical practitioners had previous acquaintance with the patient before making their recommendations, please explain why you could not get a recommendation from a medical practitioner who did have previous acquaintance with the patient [insert reasons]

Signed [signature]

Date [date]

PART 2

(To be completed by the proposed guardian, only if the proposed guardian is not a local social services authority)

I am willing to act as the guardian of the above named patient in accordance with Part 2 of the Mental Health Act 1983. I confirm that my full name and address is as entered in Part 1 of this form.

Signed [signature]

Date [date]

Form GU 2Mental Health Act 1983 section 7—guardianship application by an approved mental health professional

Statws This is the original version (as it was originally made). Dim ond ar ei ffurf wreiddiol y mae'r eitem hon o ddeddfwriaeth ar gael ar hyn o bryd.

Regulation 9(1)(a)(ii) and (b)

PART 1

(To be completed by the approved mental health professional)

To the [name of local social services authority]

I [full name] of [full office address] apply for the reception of [full name of patient] of [full address of patient] into the guardianship of [full name and address of proposed guardian] in accordance with Part 2 of the Mental Health Act 1983 as a person suffering from mental disorder.

I am acting on behalf of [name of local social services authority] and am approved to act as an approved mental health professional for the purposes of the Act by that authority/[name of local social services authority that approved you]. *<Delete as appropriate>*

The following section should be completed where consultation with the nearest relative has taken place

Complete (a) or (b) as applicable and delete the other

(vv) I have consulted [full name and address] who to the best of my knowledge and belief is the patient's nearest relative within the meaning of the Act

OR

(ww) I have consulted [full name and address] who I understand has been authorised by a county court/ the patient's nearest relative* to exercise the functions under the Act of the patient's nearest relative. *<* delete the phrase which does not apply>*

That person has not notified me or the local social services authority on whose behalf I am acting that he or she objects to this application being made.

The following section should be completed where no consultation with the nearest relative has taken place

Delete whichever two of (a), (b) or (c) do not apply

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

OR

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

OR

(zz) [full name and address] is

(i) this patient's nearest relative within the meaning of the Act

(ii) authorised to exercise the functions of this patient's nearest relative under the Act

<Delete the phrase which does not apply>

but in my opinion it is not reasonably practicable/would involve unreasonable delay *<Delete as appropriate>* to consult that person before making this application, because [give reasons].

The remainder of Part 1 of this form must be completed in all cases

I last saw the patient on [date] which was within the period of 14 days ending on the day this application is signed.

Delete (i) or (ii) as applicable, and where (i) applies insert the date

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

OR

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

Statws This is the original version (as it was originally made). Dim ond ar ei ffurf wreiddiol y mae'r eitem hon o ddeddfwriaeth ar gael ar hyn o bryd.

This application is founded on two medical recommendations in the prescribed form.

If neither of the medical practitioners had previous acquaintance with the patient before making their recommendations, please explain why you could not get a recommendation from a medical practitioner who did have previous acquaintance of the patient [insert reasons]

Signed [signature]

Date [date]

PART 2

(To be completed by the proposed guardian, only if the proposed guardian is not a local social services authority)

I am willing to act as the guardian of the above named patient in accordance with Part 2 of the Mental Health Act 1983. I confirm that my full name and address is as entered in Part 1 of this form.

Signed [signature]

Date [date]

Form GU 3Mental Health Act 1983 section 7– joint medical recommendation for reception into guardianship

Statws This is the original version (as it was originally made). Dim ond ar ei ffurf wreiddiol y mae'r eitem hon o ddeddfwriaeth ar gael ar hyn o bryd.

Regulation 9(1)(c)(i)

We, both being registered medical practitioners, recommend that [full name and address of patient] be received into guardianship in accordance with Part 2 of the Mental Health Act 1983.

I [full name and address of first practitioner] last examined this patient on [date], and

*I had previous acquaintance with the patient before I conducted that examination.

*I am approved under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

<*delete as appropriate>

I [full name and address of second practitioner] last examined this patient on [date] and

* I had previous acquaintance with the patient before I conducted that examination.

* I am approved under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

<*delete as appropriate>

In our opinion

(aaa) this patient is suffering from mental disorder of a nature or degree which warrants reception into guardianship under the Act.

AND

(bbb) it is necessary

(i) in the interests of the welfare of the patient

(ii) for the protection of other persons

<delete (i) or (ii) unless both apply>

that the patient should be so received.

Our reasons for these opinions are: [Your reasons should cover both (a) and (b) above. As part of them describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; explain why the patient cannot appropriately be cared for without powers of guardianship.]

Signed [signature]

Date [date]

Signed [signature]

Date [date]

Form GU 4Mental Health Act 1983 section 7—medical recommendation for reception into guardianship

Statws This is the original version (as it was originally made). Dim ond ar ei ffurf wreiddiol y mae'r eitem hon o ddeddfwriaeth ar gael ar hyn o bryd.

Regulation 9(1)(c)(ii)

I [full name and address of practitioner], a registered medical practitioner recommend that [full name and address of patient] be received into guardianship in accordance with Part 2 of the Mental Health Act 1983.

I last examined this patient on [date]

*I had previous acquaintance with the patient before I conducted that examination.

* I am approved under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

<*delete as appropriate>

In my opinion

(ccc) this patient is suffering from mental disorder of a nature or degree which warrants reception into guardianship under the Act.

AND

(ddd) it is necessary

- (i) in the interests of the welfare of the patient
- (ii) for the protection of other persons

<delete (i) or (ii) unless both apply>

that the patient should be so received.

My reasons for these opinions are: [Your reasons should cover both (a) and (b) above. As part of them describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; explain why the patient cannot appropriately be cared for without powers of guardianship.]

Signed [signature]

Date [date]

Form GU 5Mental Health Act 1983 section 7—record of acceptance of guardianship application

Regulation 9(3)

(To be attached to the guardianship application)

[Full name and address of the patient]

This application was accepted by/on behalf* of the local social services authority on [date]

<*Delete the phrase that does not apply>

Signed [signature], on behalf of the responsible social services authority

Name [full name]

Date [date]

Form GU 6Mental Health Act 1983 section 20—renewal of authority for guardianship

Statws This is the original version (as it was originally made). Dim ond ar ei ffurf wreiddiol y mae'r eitem hon o ddeddfwriaeth ar gael ar hyn o bryd.

Regulation 12

PART 1

(To be completed by the responsible clinician or nominated medical attendant)

To [name of guardian]
[name of responsible local social services authority if it is not the guardian]

I examined [full name of patient] on [date].

The patient is subject to guardianship for a period ending on [date authority for guardianship is due to expire].

In my opinion

(eee) this patient is suffering from a mental disorder of a nature or degree which warrants the patient's reception into guardianship under the Act

AND

(fff) it is necessary

- (i) in the interests of the welfare of the patient
- (ii) for the protection of other persons

<delete (i) or (ii) unless both apply>

that the patient should remain under guardianship under the Act.

My reasons for these opinions are: [Your reasons should cover both (a) and (b) above. As part of them describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; explain why the patient cannot appropriately be cared for without powers of guardianship.]

Signed [signature]

Responsible Clinician/Nominated Medical Attendant <delete whichever does not apply>

Name [full name]

Date [date]

PART 2

(To be completed on behalf of the responsible local social services authority)

This report was received by me on behalf of the local social services authority on [date].

Signed [signature], on behalf of the local social services authority

Name [name]

Date [date]

Form GU 7Mental Health Act 1983 section 21B – authority for guardianship after absence without leave for more than 28 days

Statws This is the original version (as it was originally made). Dim ond ar ei ffurf wreiddiol y mae'r eitem hon o ddeddfwriaeth ar gael ar hyn o bryd.

PART 1

(To be completed by the responsible clinician or nominated medical attendant)

To [name of guardian]
[name of responsible local social services authority if it is not the guardian]

I examined [full name of patient] on [date of examination] who:

(ggg) was absent without leave from the place where the patient is required to reside beginning on [date absence without leave began];

(hhh) was/is* subject to guardianship for a period ending on [date authority for guardianship would have expired, apart from any extension under section 21, or date on which it will expire]; *<*delete the phrase which does not apply>* and

(iii) returned to that place on [date].

In my opinion

(jjj) this patient is suffering from mental disorder of a nature or degree which warrants the patient's reception into guardianship under the Act

AND

(kkk) it is necessary

(i) in the interests of the welfare of the patient

(ii) for the protection of other persons

<delete (i) or (ii) unless both apply>

that the patient should remain under guardianship under the Act.

My reasons for this opinion are: [Your reasons should cover both (a) and (b) above. As part of them describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; explain why the patient cannot appropriately be cared for without powers of guardianship.]

The authority for the guardianship of the patient is/is not* due to expire within a period of two months beginning with the date on which this report is to be furnished. *<*delete the phrase which does not apply>*

Complete the following only if the authority for guardianship is due to expire within that period of two months.

This report shall/shall not* have effect as a report duly furnished under section 20(6) for the renewal of the authority for the guardianship of the patient. *<*delete the phrase which does not apply>*

Signed [signature]

Responsible Clinician/Nominated Medical Attendant *<delete whichever does not apply>*

Name [full name]

Date [date]

Statws This is the original version (as it was originally made). Dim ond ar ei ffurf wreiddiol y mae'r eitem hon o ddeddfwriaeth ar gael ar hyn o bryd.

PART 2

(To be completed on behalf of the responsible local social services authority)

This report was received by me on behalf of the local social services authority on [date].

Signed [signature], on behalf of the local social services authority

Name [full name]

Form GU 8Mental Health Act 1983 section 23 – discharge by the responsible clinician or the responsible local social services authority

Regulation 14

I order the discharge of [full name of patient and their address] from guardianship under section [state section] of the Mental Health Act 1983 on [date] at [time]

Signed [signature], the Responsible Clinician

Name [name]

Date [date]

OR

Signed [signature], on behalf of the responsible local social services authority

Name [name]

Date [date]

Form CP 1Mental Health Act 1983 section 17A – community treatment order

Statws This is the original version (as it was originally made). Dim ond ar ei ffurf wreiddiol y mae'r eitem hon o ddeddfwriaeth ar gael ar hyn o bryd.

Regulation 16(1)

PART 1

(To be completed by the Responsible Clinician)

I [full name and address] am the responsible clinician for [full name and address of patient].

In my opinion:

- (a) the patient is suffering from mental disorder of a nature or degree which makes it appropriate for the patient to receive medical treatment
- (b) it is necessary for:–
 - (i) the patient's health;
 - (ii) the patient's safety;
 - (iii) the protection of other persons,<Delete any phrase which is not applicable>
that the patient should receive such treatment
- (c) such treatment can be provided without the patient continuing to be detained in a hospital provided the patient is liable to being recalled to hospital for medical treatment
- (d) it is necessary that the responsible clinician should be able to exercise the power under section 17E(1) to recall the patient to hospital
- (e) taking into account the nature and degree of the mental disorder from which the patient is suffering and all other circumstances of the case, appropriate medical treatment is available to the patient

My opinion is founded on the following grounds [give grounds for opinion]

I confirm that in determining whether the criterion at (d) above is met, I have considered what risk there would be of deterioration of the patient's condition if the patient were not detained in hospital, with regard to the patient's history of mental disorder and any other relevant factors.

Conditions to which the patient is to be subject by virtue of this community treatment order

1. The patient is to make himself or herself available for examination under section 20A, as requested.

2. If it is proposed to give a certificate under Part 4A of the Act in the patient's case, the patient is to make himself or herself available for examination to enable the certificate to be given, as requested.

The patient is also to be subject to the following conditions (if any) under section 17B(2) of the Act:

[set out conditions]

I confirm that I consider the above conditions to be made under section 17B(2) of the Act are necessary or appropriate for one or more of the following purposes:

- to ensure that the patient receives medical treatment
- to prevent risk of harm to the patient's health or safety
- to protect other persons.

Statws This is the original version (as it was originally made). Dim ond ar ei ffurf wreiddiol y mae'r eitem hon o ddeddfwriaeth ar gael ar hyn o bryd.

Signed [signature], Responsible Clinician

Date [date]

PART 2

(To be completed by an approved mental health professional)

I [full name and address] am acting on behalf of [name of local social services authority] and am approved to act as an approved mental health professional for the purposes of the Act by that authority/[name of LSSA that approved you, if different]. *<Delete as appropriate>*

I agree that:

- (i) the above patient meets the criteria for a community treatment order to be made
- (ii) it is appropriate to make a community treatment order
- (iii) the conditions made above under section 17B(2) are necessary or appropriate for one or more of the purposes specified.

Signed [signature], an Approved Mental Health Professional

Date [date]

PART 3

(To be completed by the Responsible Clinician, after Parts 1 and 2 have been completed)

I exercise my power under section 17A of the Mental Health Act 1983 to make a community treatment order in respect of the above-named patient.

This community treatment order is to be effective from [date] at [time]

Signed [signature], Responsible Clinician

Date [date]

Form CP 2Mental Health Act 1983 section 17B – variation of conditions of a community treatment order

Statws This is the original version (as it was originally made). Dim ond ar ei ffurf wreiddiol y mae'r eitem hon o ddeddfwriaeth ar gael ar hyn o bryd.

Regulation 16(2)

I [full name and address] am the responsible clinician for [full name and address of the community patient].

I am varying the conditions applying to the community treatment order for the above named patient.

Delete (a) or (b) as applicable, and where (a) applies insert the conditions

- (a) The conditions made under section 17B(2), as varied, are [list the conditions as varied in full (including any which are not being varied)]

I confirm that I consider the above conditions to be necessary or appropriate for one or more of the following purposes:

- to ensure that the patient receives medical treatment;
- to prevent risk of harm to the patient's health or safety;
- to protect other persons.

- (b) The conditions are only those set out in section 17B(3) of the Mental Health Act 1983.

The variation is to take effect from [date]

Signed [signature], Responsible Clinician

Date [date]

Form CP 3Mental Health Act 1983 section 20A – report extending the community treatment period

Statws This is the original version (as it was originally made). Dim ond ar ei ffurf wreiddiol y mae'r eitem hon o ddeddfwriaeth ar gael ar hyn o bryd.

Regulation 17

PART 1

(To be completed by the Responsible Clinician)

To the managers of [name and address of the responsible hospital].

I am [full name and address] the responsible clinician for [full name and address of patient].

The patient is currently subject to a community treatment order made on [enter date].

I examined the patient on [enter date].

In my opinion

- (a) this patient is suffering from mental disorder of a nature or degree which makes it appropriate for the patient to receive medical treatment
- (b) it is necessary for
 - (i) the patient's health
 - (ii) the patient's safety
 - (iii) the protection of other persons

<Delete any phrase which is not applicable>

that the patient should receive such treatment

- (c) such treatment can be provided without the patient continuing to be detained in a hospital provided the patient is liable to being recalled to hospital for medical treatment
- (d) it is necessary that the responsible clinician should continue to be able to exercise the power under section 17E(1) to recall the patient to hospital
- (e) taking into account the nature and degree of the mental disorder from which the patient is suffering and all other circumstances of the case, appropriate medical treatment is available to the patient

My opinion is founded on the following grounds [give grounds for opinion]

I confirm that in determining whether the criterion at (d) above is met, I have considered what risk there would be of deterioration of the patient's condition if he or she were not detained in hospital, with regard to the patient's history of mental disorder and any other relevant factors.

Signed [signature], Responsible Clinician

Date [date]

PART 2

(To be completed by an approved mental health professional)

I [full name and address] am acting on behalf of [name of local social services authority] and am approved to act as an approved mental health professional for the purposes of the Act by that authority/[name of LSSA that approved you]. <Delete as appropriate>

I agree that:

Statws This is the original version (as it was originally made). Dim ond ar ei ffurf wreiddiol y mae'r eitem hon o ddeddfwriaeth ar gael ar hyn o bryd.

- (i) the above patient meets the criteria for the extension of the community treatment period
- AND
- (ii) it is appropriate to extend the community treatment period.

Signed [signature], an Approved Mental Health Professional

Date [date]

PART 3

(To be completed by the Responsible Clinician)

Before furnishing this report, I consulted [full name and profession of person consulted] who has been professionally concerned with the patient's treatment.

I am furnishing this report by: <delete the phrase which does not apply>

today consigning it to the hospital managers' internal mail system

sending or delivering it without using the hospital managers' internal mail system

Signed [signature], the Responsible Clinician

Date [date]

PART 4

(To be completed on behalf of the hospital managers of the responsible hospital)

This report was

furnished to the hospital managers through their internal mail system

received by me on behalf of the hospital managers on [date]

Signed [signature], on behalf of the hospital managers

Name [full name]

Date [date]

Form CP 4Mental Health Act 1983 section 21B—authority for community treatment after absence without leave for more than 28 days

Statws This is the original version (as it was originally made). Dim ond ar ei ffurf wreiddiol y mae'r eitem hon o ddeddfwriaeth ar gael ar hyn o bryd.

Regulation 18

PART 1

(To be completed by the responsible clinician)

To the managers of [name and address of responsible hospital]

I am [full name and address] the responsible clinician for [full name and address of patient].

I examined the patient on [date of examination] who:

- (a) was recalled to hospital on [date] under section 17E of the Mental Health Act 1983
- (b) was absent without leave from hospital beginning on [date absence without leave began]
- (c) was/is *<delete as appropriate>* subject to a community treatment order for a period ending on [date community treatment order would have expired, apart from any extension under section 21, or date on which it will expire] and
- (d) returned to the hospital on [date].

I have consulted [full name] who is an approved mental health professional.

I have also consulted [full name and profession of person consulted] who has been professionally concerned with the patient's treatment.

In my opinion:

- (a) this patient is suffering from mental disorder of a nature or degree which makes it appropriate for the patient to receive medical treatment
- (b) it is necessary for
 - (i) the patient's health
 - (ii) the patient's safety
 - (iii) the protection of other persons

<delete any phrase which is not applicable>

that the patient should receive such treatment

- (c) such treatment can be provided without the patient continuing to be detained in a hospital provided the patient is liable to being recalled to hospital for medical treatment
- (d) it is necessary that the responsible clinician should continue to be able to exercise the power under section 17E(1) to recall the patient to hospital
- (e) taking into account the nature and degree of the mental disorder from which the patient is suffering and all other circumstances of the case, appropriate medical treatment is available to the patient.

My opinion is founded on the following grounds [insert grounds]

I confirm that in determining whether the criterion at (d) above is met, I have considered what risk there would be of deterioration of the patient's condition if the patient were not detained in hospital, with regard to the patient's history of mental disorder and any other relevant factors.

The community treatment order is/is not* due to expire within a period of two months beginning with the date on which this report is to be furnished to the managers of the responsible hospital. *<* delete the phrase which does not apply.>*

Statws This is the original version (as it was originally made). Dim ond ar ei ffurf wreiddiol y mae'r eitem hon o ddeddfwriaeth ar gael ar hyn o bryd.

Complete the following only if the community treatment order is due to expire within that period of two months
This report shall/shall not* have effect as a report duly furnished under section 20A(4) for the extension of the community treatment period for this patient. <*Delete as applicable>

Complete the following in all cases

I am furnishing this report by: <delete the phrase which does not apply>

today consigning it to the hospital managers' internal mail system

sending or delivering it without using the hospital managers' internal mail system

Signed [signature], Responsible Clinician

Date [date]

PART 2

(To be completed on behalf of the hospital managers of the responsible hospital)

This report was

furnished to the hospital managers through their internal mail system

received by me on behalf of the hospital managers on [date]

Signed [signature], on behalf of the hospital managers

Name [full name]

Date [date]

Form CP 5Mental Health Act 1983 section 17E – Notice of recall to hospital

Statws This is the original version (as it was originally made). Dim ond ar ei ffurf wreiddiol y mae'r eitem hon o ddeddfwriaeth ar gael ar hyn o bryd.

Regulation 19(1)(a)

I notify you, [name of community patient], that you are recalled to [name and address of the hospital] under section 17E of the Mental Health Act 1983.

Complete either part 1 or 2 below and delete the one which does not apply.

PART 1

In my opinion

(a) you require treatment in hospital for mental disorder

AND

there would be a risk of harm to your health or safety or to other persons if you were not recalled to hospital for that purpose.

This opinion is founded on the following grounds [insert grounds]

PART 2

You have failed to comply with the condition imposed under section 17B of the Mental Health Act 1983 that you make yourself available for examination for the purpose of:-

(a) consideration of extension of the community treatment period under section 20A

(b) enabling a Part 4A certificate to be given.

<Delete (a) or (b) as applicable>

Signed [signature], the Responsible Clinician

Name [name]

Date [date]

Time [time]

This notice is sufficient authority for the managers of the named hospital to detain the patient there in accordance with the provisions of section 17E of the Mental Health Act 1983

Form CP 6Mental Health Act 1983 section 17E – Record of patient's detention in hospital following recall

Statws This is the original version (as it was originally made). Dim ond ar ei ffurf wreiddiol y mae'r eitem hon o ddeddfwriaeth ar gael ar hyn o bryd.

Regulation 19(1)(d) and (2)

[Full name and address of patient] ('the patient') is currently a community patient.

PART 1

In pursuance of a notice recalling the patient to hospital under section 17E of the Act, the patient was detained in [name and address of hospital] on [date] at [time].

Signed [signature], on behalf of the hospital managers

Name [name]

Date [date]

PART 2

The patient was released from hospital by the responsible clinician at [time] on [date].

Signed [signature], on behalf of the hospital managers

Name [name]

Date [date]

Form CP 7Mental Health Act 1983 section 17F – revocation of a community treatment order

Statws This is the original version (as it was originally made). Dim ond ar ei ffurf wreiddiol y mae'r eitem hon o ddeddfwriaeth ar gael ar hyn o bryd.

Regulation 20

PART 1

(To be completed by the Responsible Clinician)

I [full name and address] am the responsible clinician for [full name and address of community patient] who is detained in [name and address of hospital] having been recalled to hospital under section 17E(1) of the Act.

In my opinion

- (a) this patient is suffering from mental disorder of a nature or degree which makes it appropriate for the patient to receive medical treatment in a hospital.

AND

- (b) it is necessary
- (i) for the patient's own health
 - (ii) for the patient's own safety
 - (iii) for the protection of other persons
- <Delete the indents not applicable>

that this patient should receive treatment in hospital

AND

- (c) such treatment cannot be provided unless the patient is detained for medical treatment under the Act

because [your reasons should cover (a), (b) and (c) above. As part of them describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; say whether other methods of care or treatment (e.g. out-patient treatment or social services) are available and, if so, why they are not appropriate; indicate why informal admission is not appropriate.]

I am also of the opinion that, taking into account the nature and degree of the mental disorder from which the patient is suffering and all the other circumstances of the case, appropriate medical treatment is available for the patient at the hospital named above.

Signed [signature], Responsible Clinician

Date [date]

PART 2

(To be completed by an Approved Mental Health Professional)

I [full name and address] am acting on behalf of [name of local social services authority] and am approved to act as an approved mental health professional for the purposes of the Act by that authority/[name of LSSA that approved you]. <Delete as appropriate>

I agree that:

- (i) the above patient meets the criteria for detention in hospital set out above

AND

Statws This is the original version (as it was originally made). Dim ond ar ei ffurf wreiddiol y mae'r eitem hon o ddeddfwriaeth ar gael ar hyn o bryd.

(ii) it is appropriate to revoke the community treatment order.

Signed [signature], an Approved Mental Health Professional

Date [date]

Time [time]

PART 3

(To be completed by the Responsible Clinician)

I exercise my power under section 17F(4) to revoke the community treatment order in respect of the patient named in Part 1 who has been detained in hospital since [time] on [date] having been recalled under section 17E(1).

Signed [signature], Responsible Clinician

Date [date]

PART 4

(To be completed on behalf of the hospital managers)

The community treatment order in respect of the above named patient was revoked at [time] on [date] and the patient is now detained in [name of hospital].

Signed [signature], on behalf of the hospital managers

Name [name]

Date [date]

Form CP 8Mental Health Act 1983 section 23 – discharge by the responsible clinician or the hospital managers

Statws This is the original version (as it was originally made). Dim ond ar ei ffurf wreiddiol y mae'r eitem hon o ddeddfwriaeth ar gael ar hyn o bryd.

Regulation 21

I/We* order the discharge of [full name of patient and their address] from liability to recall under Part 2 of the Act and the application for admission for treatment shall cease to have effect on [date] at [time].

<*delete as appropriate>

Signed [signature]

Name [name], the Responsible Clinician

Date [date]

OR

Signed [signature] Name [name], a Hospital Manager

Signed [signature] Name [name], a Hospital Manager

Signed [signature] Name [name], a Hospital Manager

Date [date]

Form TC 1Mental Health Act 1983 section 19 – authority for transfer from one hospital to another under different managers

Statws This is the original version (as it was originally made). Dim ond ar ei ffurf wreiddiol y mae'r eitem hon o ddeddfwriaeth ar gael ar hyn o bryd.

Regulation 23(2) and (3)

PART 1

(To be completed on behalf of the managers of the hospital where the patient is liable to be detained)

Authority is given for the transfer of [full name of patient] from [name and address of hospital in which the patient is liable to be detained] to [name and address of hospital to which patient is to be transferred] to which the patient is to be transferred in accordance with the Mental Health (Hospital, Guardianship, Community Treatment and Consent to Treatment) (Wales) Regulations 2008 within 28 days beginning with the date of this authority.

Signed [signature], on behalf of managers of first named hospital

Name [name]

Date [date]

PART 2

RECORD OF ADMISSION

(This is not part of the authority for transfer but is to be completed at the hospital to which the patient is transferred)

This patient was transferred to [name of hospital] in pursuance of this authority for transfer and admitted to that hospital on [date of admission to receiving hospital].

Signed [signature], on behalf of managers of the receiving hospital

Name [name]

Date [date]

Form TC 2Mental Health Act 1983 section 19 – authority for transfer from hospital to guardianship

Statws This is the original version (as it was originally made). Dim ond ar ei ffurf wreiddiol y mae'r eitem hon o ddeddfwriaeth ar gael ar hyn o bryd.

Regulation 23(4) and (5)

PART 1

(To be completed on behalf of the managers of the hospital where the patient is liable to be detained)

Authority is given for the transfer of [full name of patient] who is at present liable to be detained in [name and address of hospital] to the guardianship of [name and address of proposed guardian] in accordance with the Mental Health (Hospital, Guardianship, Community Treatment and Consent to Treatment) (Wales) Regulations 2008.

This transfer was agreed by [name of local social services authority] on [date]

This transfer is to take place on [date].

Signed [signature], on behalf of the hospital managers

Name [name]

Date [date]

PART 2

(To be completed by the proposed guardian, if not the responsible local social services authority)

I am willing to act as the guardian of the above named in accordance with Part 2 of the Mental Health Act 1983.

I confirm that my full name and address is as entered in Part 1 of this form.

Signed [signature]

Date [date]

PART 3

(This is not part of the authority for transfer but is to be completed by the responsible local social services authority)

This patient was transferred into the guardianship of [name of guardian or local social services authority] on [date] in pursuance of this authority for transfer.

Signed [signature], on behalf of the local social services authority

Name [name]

Date [date]

Form TC 3Mental Health Act 1983 section 19 –Authority for transfer of a patient from the guardianship of one guardian to another

Statws This is the original version (as it was originally made). Dim ond ar ei ffurf wreiddiol y mae'r eitem hon o ddeddfwriaeth ar gael ar hyn o bryd.

Regulation 24(2) and (3)

PART 1

(To be completed by the present guardian)

Authority is given for the transfer of [name and address of patient] from the guardianship of [name and address of the present guardian] to the guardianship of [name and address of the proposed guardian] in accordance with the Mental Health (Hospital, Guardianship, Community Treatment and Consent to Treatment) (Wales) Regulations 2008.

This transfer was agreed by the [name of local social services authority] on [date].

The transfer is to take place on [date].

Signed [signature], the guardian/on behalf of the local social services authority which is the guardian <delete whichever does not apply>

Name [name]

Date [date]

PART 2

(To be completed by the proposed guardian, if not the responsible local social services authority)

I am willing to act as the guardian of the above named in accordance with Part 2 of the Mental Health Act 1983. I confirm that my full name and address is as entered in Part 1 of this form.

Signed [signature]

Date [date]

PART 3

(This is not part of the authority for transfer but is to be completed by the responsible local social services authority)

This patient was transferred into the guardianship of [name of guardian or local social services authority] on [date] in pursuance of this authority for transfer.

Signed [signature], on behalf of the local social services authority

Name [name]

Date [date]

Form TC 4Mental Health Act 1983 section 19—authority for transfer from guardianship to hospital

Statws This is the original version (as it was originally made). Dim ond ar ei ffurf wreiddiol y mae'r eitem hon o ddeddfwriaeth ar gael ar hyn o bryd.

Regulation 24(4) and (5)

PART 1

(To be completed on behalf of the local social services authority)

Authority is given for the transfer of [full name and address of patient] who is at present under the guardianship of [name and address of guardian] to [name and address of hospital] in accordance with the Mental Health (Hospital, Guardianship, Community Treatment and Consent to Treatment) (Wales) Regulations 2008.

Signed [signature], on behalf of local social services authority

Name [name]

Date [date]

PART 2

(This is not part of the authority for transfer but is to be completed at the hospital to which the patient is transferred)

This patient was admitted to the above named hospital in pursuance of this authority for transfer on [date of admission].

Signed [signature], on behalf of the managers of the receiving hospital

Name [name]

Date [date]

Form TC 5Mental Health Act 1983 section 19A – authority for assignment of responsibility for a community patient from one hospital to another under different managers

Statws This is the original version (as it was originally made). Dim ond ar ei ffurf wreiddiol y mae'r eitem hon o ddeddfwriaeth ar gael ar hyn o bryd.

Regulation 25(2)

PART 1

(To be completed on behalf of the responsible hospital)

Authority is given for the assignment of responsibility for [full name of patient] from [name and address of responsible hospital] to [name and address of hospital to which responsibility is to be assigned] in accordance with the Mental Health (Hospital, Guardianship, Community Treatment and Consent to Treatment) (Wales) Regulations 2008.

Signed [signature], on behalf of managers of first named hospital

Name [name]

Date [date]

PART 2

(This is not part of the authority for assignment but is to be completed at the hospital which will become the responsible hospital if the assignment takes place)

The responsibility for the above named patient was assigned to the managers of [name of hospital] on [date].

Signed [signature], on behalf of managers of the hospital accepting responsibility

Name [name]

Date [date]

Form TC 6Mental Health Act 1983 section 17F(2) – authority for transfer of recalled community patient to a hospital under different managers

Statws This is the original version (as it was originally made). Dim ond ar ei ffurf wreiddiol y mae'r eitem hon o ddeddfwriaeth ar gael ar hyn o bryd.

Regulation 26(3) and (4)

PART 1

(To be completed on behalf of the managers of the hospital where the patient is detained by virtue of recall)

Authority is given for the transfer of [full name of patient] from [name and address of hospital in which the patient is detained] to [name and address of hospital to which patient is to be transferred] in accordance with the Mental Health (Hospital, Guardianship, Community Treatment and Consent to Treatment) (Wales) Regulations 2008.

The responsible hospital for the patient is [name and address of responsible hospital].

Signed [signature], on behalf of managers of the hospital in which the patient is currently detained

Name [name]

Date [date]

PART 2

RECORD OF ADMISSION

(This is not part of the authority for transfer but is to be completed at the hospital to which the patient is transferred)

This patient was admitted to [name of hospital] in pursuance of this authority for transfer on [date of admission] at [time].

Signed [signature], on behalf of managers of receiving hospital

Name [name]

Date [date]

Form TC 7Mental Health Act 1983 Part 6–Date of reception of a patient to hospital or into guardianship in Wales

Regulation 29(2)(a) and (3)(a)

[Full name of patient]

* was admitted to [name and address of hospital] on [date]

* was received into the guardianship of [name and address of guardian] on [date].

< *Complete as appropriate and delete the other >

Signed [signature], on behalf of the hospital managers/on behalf of the local social services authority/ the private guardian <delete the phrases which do not apply>

Name [name]

Date [date]

Form TC 8Mental Health Act 1983 Part 6–transfer of patient subject to compulsion in the community

Statws This is the original version (as it was originally made). Dim ond ar ei ffurf wreiddiol y mae'r eitem hon o ddeddfwriaeth ar gael ar hyn o bryd.

Regulation 29(5)

PART 1

(To be completed by the Responsible Clinician)

I [name and address] am the responsible clinician for [full name and address of patient] who is treated as if subject to a community treatment order having been transferred to Wales.

The conditions to which the patient is to be subject by virtue of the community treatment order are that:

3. the patient is to make himself or herself available for examination under section 20A, as requested

4. if it is proposed to give a certificate under Part 4A of the Act the patient's case, the patient is to make himself or herself available for examination to enable the certificate to be given, as requested.

The patient is also to be subject to the following conditions (if any) under section 17B(2) of the Act:

[set out conditions]

I confirm that I consider the above conditions to be made under section 17B(2) of the Act are necessary or appropriate for one or more of the following purposes

- to ensure that the patient receives medical treatment
- to prevent risk of harm to the patient's health or safety
- to protect other persons

Signed [signature] the Responsible Clinician

Date [date]

PART 2

(To be completed by an approved mental health professional)

I [full name and address] am acting on behalf of [name of local social services authority] and am approved to act as an approved mental health professional for the purposes of the Act by that authority/[name of local social services authority that approved you if different]. <Delete as appropriate>

I agree that the conditions made above under section 17B(2) are necessary or appropriate for one or more of the purposes specified.

Signed [signature], an Approved Mental Health Professional

Date [date]

Statws *This is the original version (as it was originally made). Dim ond ar ei ffurf wreiddiol y mae'r eitem hon o ddeddfwriaeth ar gael ar hyn o bryd.*

PART 3

(To be completed on behalf of the hospital managers of the responsible hospital)

The above named patient arrived at the place where he or she is to reside in Wales on [date], and as a consequence is treated as if a community treatment order has been made.

Signed [signature] on behalf of managers of the responsible hospital

Name [name]

Date [date]

Form NR 1Mental Health Act 1983 Section 25—report barring discharge by nearest relative

Statws This is the original version (as it was originally made). Dim ond ar ei ffurf wreiddiol y mae'r eitem hon o ddeddfwriaeth ar gael ar hyn o bryd.

PART 1

(To be completed by the responsible clinician)

To the managers of [name and address of hospital]

[Name of nearest relative] gave notice at [time] on [date] of an intention to discharge [name of patient].

I am of the opinion that the patient, if discharged, would be likely to act in a manner dangerous to other persons or to himself or herself.

The reasons for my opinion are [insert reasons]

I am furnishing this report by

consigning it to the hospital managers' internal mail system today at [time]

sending or delivering it without using the hospital managers' internal mail system

Signed [signature], Responsible Clinician

Name [name]

Date [date]

Time [time]

PART 2

(To be completed on behalf of the hospital managers)

This report was

furnished to the hospital managers through their internal mail system

received by me on behalf of the hospital managers at [time] on [date].

Signed [signature], on behalf of the hospital managers

Name [name]

Date [date]

Statws This is the original version (as it was originally made). Dim ond ar ei ffurf wreiddiol y mae'r eitem hon o ddeddfwriaeth ar gael ar hyn o bryd.

Regulation 40(1)

(Both parts of this certificate must be completed)

PART 1

I [full name and address], a registered medical practitioner appointed for the purposes of Part 4 of the Act (a Second Opinion Appointed Doctor), and we [full name, address and profession][full name, address and profession], being two persons appointed for the purposes of section 57(2)(a) of the Act, certify that [full name and address of patient]

(a) is capable of understanding the nature, purpose and likely effects of [give description of treatment or plan of treatment; indicate clearly if the certificate is to apply to any or all of the treatment for a specified period]

AND

(b) has consented to that treatment.

Signed [signature]

Date [date]

Signed [signature]

Date [date]

Signed [signature]

Date [date]

PART 2

(To be completed by the second opinion appointed doctor only)

I, the above named registered medical practitioner appointed for the purposes of Part 4 of the Act, have consulted [full name of nurse], a nurse and [full name and profession] who have been professionally concerned with the medical treatment of the patient named above and certify that it is appropriate for the treatment to be given.

My reasons are below/I will provide a statement of my reasons separately <delete as appropriate>

[State reason; when giving reasons please indicate if, in your opinion, disclosure of the reasons to the patient would be likely to cause serious harm to the physical or mental health of the patient or to that of any other person]

Signed [signature]

Date [date]

Form CO 2Mental Health Act 1983 section 58(3)(a)–certificate of consent to treatment

Statws This is the original version (as it was originally made). Dim ond ar ei ffurf wreiddiol y mae'r eitem hon o ddeddfwriaeth ar gael ar hyn o bryd.

Regulation 40(2)

I [full name and address] the approved clinician in charge of the treatment described below/a registered medical practitioner appointed for the purposes of Part 4 of the Act (a Second Opinion Appointed Doctor) *<delete the phrase which does not apply>* certify that [full name and address of patient]

- (a) is capable of understanding the nature, purpose and likely effects of [give description of treatment or plan of treatment; indicate clearly if the certificate is to apply to any or all of the treatment for a specified period]

AND

- (b) has consented to that treatment.

Signed [signature]

Date [date]

Form CO 3Mental Health Act 1983 section 58(3)(b)–certificate of second opinion

Regulation 40(2)

I [name and address], a registered medical practitioner appointed for the purposes of Part 4 of the Act (a Second Opinion Appointed Doctor), have consulted [full name of nurse], a nurse and [full name and profession] who have been professionally concerned with the medical treatment of [full name and address of patient].

I certify that the patient

<delete the phrase which does not apply>

- (a) is not capable of understanding the nature, purpose and likely effects of

OR

- (b) has not consented to

the following treatment [give description of treatment or plan of treatment; indicate clearly if the certificate is to apply to any or all of the treatment for a specified period] but that it is appropriate for the treatment to be given.

My reasons are as below/I will provide a statement of my reasons separately *<Delete as appropriate>* [Set out reasons; when giving reasons please indicate if, in your opinion disclosure of the reasons to the patient would be likely to cause serious harm to the physical or mental health of the patient or to that of any other person.]

Signed [signature]

Date [date]

Form CO 4Mental Health Act 1983 section 58A(3)(c) –certificate of consent to treatment (patients at least 18 years of age)

Statws This is the original version (as it was originally made). Dim ond ar ei ffurf wreiddiol y mae'r eitem hon o ddeddfwriaeth ar gael ar hyn o bryd.

Regulation 40(3)

I [full name and address] the approved clinician in charge of the treatment described below/a registered medical practitioner appointed for the purposes of Part 4 of the Act (a Second Opinion Appointed Doctor) *<delete as applicable>* certify that [full name and address of patient] who has attained the age of 18 years

- (a) is capable of understanding the nature, purpose and likely effects of [give description of treatment or plan of treatment; indicate clearly if the certificate is to apply to any or all of the treatment for a specified period]

AND

- (b) has consented to that treatment.

Signed [signature]

Date [date]

Form CO 5Mental Health Act 1983 section 58A(4)(c)—certificate of consent to treatment and second opinion (patients under 18 years of age)

Regulation 40(3)

I [full name and address] a registered medical practitioner appointed for the purposes of Part 4 of the Act (a Second Opinion Appointed Doctor) certify that [full name and address of patient] who has not yet attained the age of 18 years

- (a) is capable of understanding the nature, purpose and likely effects of [give description of treatment or plan of treatment; indicate clearly if the certificate is to apply to any or all of the treatment for a specified period]

AND

- (b) has consented to that treatment

AND

- (c) it is appropriate for that treatment to be given

My reasons are as below/I will provide a statement of my reasons separately *<Delete as appropriate>* [Set out reasons; when giving reasons please indicate if, in your opinion disclosure of the reasons to the patient would be likely to cause serious harm to the physical or mental health of the patient or to that of any other person.]

Signed [signature]

Date [date]

Form CO 6Mental Health Act 1983 section 58A(5)—certificate of second opinion (patients who are not capable of understanding the nature, purpose and likely effects of the treatment)

Statws This is the original version (as it was originally made). Dim ond ar ei ffurf wreiddiol y mae'r eitem hon o ddeddfwriaeth ar gael ar hyn o bryd.

Regulation 40(3)

I [full name and address], a registered medical practitioner appointed for the purposes of Part 4 of the Act (a Second Opinion Appointed Doctor), have consulted [full name of nurse], a nurse and [full name and profession] who have been professionally concerned with the medical treatment of [full name and address of patient].

I certify that the patient is not capable of understanding the nature, purpose and likely effects of [give description of treatment or plan of treatment; indicate clearly if the certificate is to apply to any or all of the treatment for a specified period] but that it is appropriate for the treatment to be given.

My reasons are as below/I will provide a statement of my reasons separately <Delete as appropriate> [Set out reasons; when giving reasons please indicate if, in your opinion] disclosure of the reasons to the patient would be likely to cause serious harm to the physical or mental health of the patient or that of any other person.]

I further certify that giving the treatment described above to the patient would not conflict with

- (i) any decision of an attorney appointed under a Lasting Power of Attorney or deputy (appointed by the Court of Protection) of the patient as provided for by the Mental Capacity Act 2005
- (ii) any decision of the Court of Protection
- (iii) any advance decision to refuse treatment that is valid and applicable under the Mental Capacity Act 2005.

Signed [signature]

Date [date]

Form CO 7Mental Health Act 1983 Part 4A – certificate of appropriateness of treatment to be given to a community patient (Part 4A Certificate)

Regulation 40(4)

I [full name and address] am a registered medical practitioner appointed for the purposes of Part 4 of the Act (a Second Opinion Appointed Doctor).

I have consulted [full name and profession] and [full name and profession] who have been professionally concerned with the medical treatment of [full name and address of patient] who is subject to a community treatment order.

I certify that it is appropriate for the following treatment to be given to this patient while the patient is not recalled to hospital, subject to any conditions specified below. The treatment is [description of treatment or plan of treatment]

I specify the following conditions (if any) to apply [description of conditions, if any, which may include time limits on the approval of any or all of the treatment]

I certify that it is appropriate for the following treatment (if any) to be given to this patient following any recall to hospital under section 17E of the Act, subject to any conditions specified below. The treatment is [description of treatment or plan of treatment]

I specify the following conditions (if any) to apply to the treatment following any recall to hospital under section 17E [description of conditions, if any, which may include time limits on the approval of any or all of the treatment]

My reasons are as below/I will provide a statement of my reasons separately <Delete as appropriate> [Set out reasons; when giving reasons please indicate if, in your opinion disclosure of the reasons to the patient would be likely to cause serious harm to the physical or mental health of the patient or that of any other person.]

Signed [signature]

Date [date]

ATODLEN 2

Rheoliad 43

DIRYMIADAU

Rheoliadau Iechyd Meddwl (Ysbyty, Gwarcheidiaeth a Chydsynio â Thriniaeth) 1983 ([OS 1983/893](#))

Rheoliadau Iechyd Meddwl (Ysbyty, Gwarcheidiaeth a Chydsynio â Thriniaeth) (Diwygio) 1993 ([OS 1993/2156](#))

Rheoliadau Iechyd Meddwl (Ysbyty, Gwarcheidiaeth a Chydsynio â Thriniaeth) (Diwygio) 1996 ([OS 1996/540](#))

Rheoliadau Iechyd Meddwl (Ysbyty, Gwarcheidiaeth a Chydsynio â Thriniaeth) (Diwygio) 1997 ([OS 1997/801](#))

Rheoliadau Iechyd Meddwl (Ysbyty, Gwarcheidiaeth a Chydsynio â Thriniaeth) (Diwygio) 1998 ([OS 1998/2624](#))

EXPLANATORY NOTE

(Nid yw'r nodyn hwn yn rhan o'r Rheoliadau)

Y Rheoliadau hyn yw'r prif Rheoliadau sy'n ymdrin ag arfer pwerau gorfodol mewn cysylltiad â phersonau sy'n agored i gael eu cadw'n gaeth mewn ysbyty neu o dan warcheidiaeth, ynghyd â chleifion cymunedol, o dan Ddeddf Iechyd Meddwl 1983 p.20 ("y Ddeddf") (fel y'i diwygiwyd gan Ddeddf Iechyd Meddwl 2007, p.12).

Mae Rhan 1 (rheoliadau 1 i 3) yn cynnwys darpariaethau cyffredinol sy'n effeithio ar ddehongli'r Rheoliadau a gweithdrefnau sy'n ymwneud â'r dogfennau sy'n ofynnol gan y Ddeddf.

Mae Rhan 2 (rheoliadau 4 i 8) yn cynnwys darpariaethau sy'n ymwneud â'r weithdrefn ar gyfer, a dull cofnodi, derbyniadau i'r ysbyty, adnewyddu'r awdurdod i gadw cleifion yn gaeth a gollwng cleifion sy'n agored i gael eu cadw'n gaeth. Mae'n pennu ymhellach yr wybodaeth sydd i'w rhoi i gleifion sy'n agored i gael eu cadw'n gaeth a'u perthnasau agosaf.

Mae Rhan 3 (rheoliadau 9 i 15) yn cynnwys darpariaethau sy'n ymwneud â'r weithdrefn ar gyfer, a dull cofnodi, gwarcheidiaeth, adnewyddu gwarcheidiaeth, gollwng cleifion o dan warcheidiaeth. Mae'n cynnwys hefyd ddarpariaethau ynghylch dyletswyddau gwarcheidwaid preifat. Mae'n pennu ymhellach yr wybodaeth sydd i'w rhoi i gleifion o dan warcheidiaeth a'u perthnasau agosaf.

Mae Rhan 4 (rheoliadau 16 i 22) yn cynnwys darpariaethau ynghylch y weithdrefn ar gyfer, a dull cofnodi, gorchmynion triniaeth gymunedol ac estyn gorchmynion o'r fath. Mae'n cynnwys darpariaeth hefyd ynghylch galw'n ôl a rhyddhau cleifion cymunedol, dirymu gorchmynion triniaeth gymunedol adeg galw cleifion cymunedol yn ôl a gollwng cleifion cymunedol. Mae'n pennu ymhellach yr wybodaeth sydd i'w rhoi i gleifion cymunedol a'u perthnasau agosaf.

Mae Rhan 5 (rheoliadau 23 i 32) yn cynnwys darpariaethau ynghylch trosglwyddo a chludo cleifion rhwng ysbytai, neu warcheidiaeth, ac o ysbytai i warcheidiaeth ac i'r gwrthwyneb. Mae'n cynnwys darpariaethau hefyd ynghylch aseinio cyfrifoldeb ar gyfer cleifion cymunedol a throsglwyddo'r cleifion hynny adeg eu galw'n ôl. Mae darpariaeth wedi'i gwneud i symud cleifion i Gymru o'r Alban, Gogledd Iwerddon, unrhyw un o Ynysoedd y Sianel neu Ynys Manaw. Gwneir darpariaeth hefyd

mewn perthynas â throsglwyddo cleifion rhwng Cymru a Lloegr. Mae'n pennu hefyd yr wybodaeth sydd i'w rhoi i gleifion a'u perthnasau agosaf os caiff cleifion eu trosglwyddo.

Mae Rhan 6 (rheoliadau 33 a 34) yn cynnwys darpariaethau sy'n rhoi pŵer i'r perthnasau agosaf awdurdodi personau eraill i arfer eu swyddogaethau o dan y Ddeddf, ynghyd â chyfyngiadau ar ollwng cleifion gan y perthnasau agosaf.

Mae Rhan 7 (rheoliadau 35 i 37) yn darparu bod rheolwyr ysbytai yn dirprwyo eu swyddogaethau o dan y Ddeddf a'u swyddogaethau o dan Ddeddf Trais Domestig, Troseddu a Dioddefwyr 2004 yn ogystal â bod awdurdodau gwasanaethau cymdeithasol lleol yn dirprwyo swyddogaethau.

Mae Rhan 8 (rheoliadau 38 i 40) yn rhagnodi triniaethau (ac eithrio'r rhai a bennir yn adrannau 57 a 58A o'r Ddeddf) sy'n ei gwneud yn ofynnol i gael cydsyniad ac ail farn neu gydsyniad neu ail farn. Mae'n nodi hefyd y gofynion ynghylch ardystio triniaethau a roddir o dan Ran 4 a Rhan 4A o'r Ddeddf.

Mae Rhan 9 (rheoliadau 41 a 42) yn cynnwys darpariaethau ynghylch gohebiaeth cleifion, gan nodi'r gweithdrefnau sydd i'w dilyn wrth agor pecynnau sy'n dod drwy'r post ac yn rhagnodi gwasanaethau eiriol penodol at ddibenion adran 134(3A) o'r Ddeddf.

Mae Rhan 10 (rheoliad 43 ac Atodlen 2) yn dirymu is-ddeddfwriaeth benodedig.

Mae Atodlen 1 yn cynnwys y ffurflenni statudol y cyfeirir atynt yn y Rheoliadau.

Nid oes asesiad effaith rheoleiddiol llawn wedi'i lunio ar gyfer yr offeryn hwn.