

The Mental Health (Care and Treatment) (Scotland) Act 2003

Review Of Compulsion Order and Restriction Order

CORO1	
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Instructions v7.1

The following form is to be used:

where the RMO has undertaken a review of a patient subject to a compulsion order and a restriction order.

There is no statutory requirement that you use this form but you are strongly recommended to do so. This form draws attention to some procedural requirements under the Mental Health (Care and Treatment) (Scotland) Act 2003. Failure to observe procedural requirements may invalidate the report.

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PART 1: RMO REPORT TO SCOTTISH MINISTERS (cont) To be completed by the RM Views on patient's condition and necessity for CORO												
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000	ider that the nations has a mental disorder	Agree	Disagree									
	ider that the patient has a mental disorder.											
I consider that medical treatment which would be likely to prevent the mental disorder worsening; or alleviate any of the symptoms, or effects, of the disorder, is available for the patient.												
I consider that if the patient were not provided with such medical treatment there would be a significant risk to the health, safety or welfare of the patient; or to the safety of any other person.												
I am satisfied that it continues to be necessary for the patient to be subject to the compulsion order.												
ny c	satisfied that as a result of the patient's mental disorder, it is necessary, in order to protect ther person from serious harm, for the patient to be detained in hospital, whether or not for eal treatment.	0	0									
	satisfied that it continues to be necessary for the patient to be ct to the restriction order.	0	0									
Rec	ommendation to the Scottish Ministers											
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I have completed a report containing my reasons for my recommendation above, detailing my views on the patient's condition and the necessity for the patient to be subject to a compulsion order and restriction order. That report will accompany this form.

(g) requiring the patient to obtain the approval of the MHO to any proposed change of address

(h) requiring the patient to inform the MHO of any change of address before the change of address takes effect



PART 1: RMO REPORT TO SCOTTISH MINISTERS (conf
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To be completed by the RMO

Patient's Mental Disorder (if applicable)

The type(s)	of mental	disorder	that I	consider	the	patient	has	is/are:
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Primary ICD 11 Code



PART 1: RMO REPOR	RT TO SCOTTISH MINISTERS (cont)	To be completed by the RMO
Curator Ad Litem		
If, in your view, the pation	ent would require a Curator Ad Litem if a tribunal was arran	nged, please indicate this
Mental Health Tribuna	l Hearing Requirements	
Please give details below	of any special requirements the patient would have if a tribunal w	vas arranged.
Suspension of detention	on	
Where relevant:		
Date on which the total detention within 12 mon		
	Il schedule the hearing prior to the date of maximal suspension t this cannot be guaranteed	of
Signature / Date		
I confirm that I am submit	tting a report to the Scottish Ministers under:	
o section 183(2) of the Ad	ct, or O section 184 of the Act	
	I confirm that I have no conflict of interest as defined in regulation	ons.
Signed by RMO		
Date dd / mm / yyyy		
Name, address, telepho	ne number and email address of contact at Medical Record	ls

