



**RMO Details**

Surname

First Name

Title  GMC Number

Hospital

Hospital address

Postcode

Telephone No.

e-mail address

Approved under section 22 of the Act by:

Health Board **NHS**

**Examination Details**

The patient was examined on - Date  /  /

**Complete A or B as appropriate**

**A**  I, the RMO named above, examined the patient as part of a mandatory review.

**OR**

**B**  I, the RMO named above, made arrangements for the patient to be examined by an approved medical practitioner as part of a mandatory review of the compulsion order and restriction order. The patient was examined by -

Surname

First Name

GMC Number

Hospital

Ward / Clinic

Health Board





**Patient's Mental Disorder (if applicable)**

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

			Primary ICD 11 Code	
Mental illness	<input type="radio"/> Yes	<input type="radio"/> No	<input type="text"/>	<input type="text"/>
Personality disorder	<input type="radio"/> Yes	<input type="radio"/> No	<input type="text"/>	<input type="text"/>
Learning disability	<input type="radio"/> Yes	<input type="radio"/> No	<input type="text"/>	<input type="text"/>

Please enter primary ICD 11 diagnosis code for each disorder present.

[Click here for ICD11 Coding Tool](#)

**Consultation - MHO**

My recommendation has taken regard to any views expressed by the patient's MHO:

Surname

First Name

Title

Address

Postcode

Telephone No.

e-mail address

Local Authority

eg Glasgow City, City of Edinburgh, Highlands, Scottish Borders, etc. (Note: the word "Council" can be omitted)

**Named Person Details**

- The patient does not have a named person
- The patient does have a named person - details below

Surname

First Name

Title

Address

Postcode

Telephone

e-mail address



**Curator Ad Litem**

*If, in your view, the patient would require a Curator Ad Litem if a tribunal was arranged, please indicate this here and give your reasons.*

[Empty box for Curator Ad Litem response]

**Mental Health Tribunal Hearing Requirements**

*Please give details below of any special requirements the patient would have if a tribunal was arranged.*

[Empty box for Mental Health Tribunal Hearing Requirements]

**Suspension of detention**

Where relevant:

Date on which the total period of suspension of detention within 12 months will reach 200 days      /   /

Note that the tribunal will schedule the hearing prior to the date of maximal suspension of detention if possible, but this cannot be guaranteed

**Signature / Date**

I confirm that I am submitting a report to the Scottish Ministers under:

- section 183(2) of the Act, or     section 184 of the Act

By signing this certificate I confirm that I have no conflict of interest as defined in regulations.

Signed by RMO   

Date dd / mm / yyyy      /   /

**Name, address, telephone number and email address of contact at Medical Records**

[Empty box for contact information]

