

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

MHO - Further Information Where CTO or CO is Extended

CTO3c

Section 87A / Section 153A

v7.1

The following form is to be used:

to provide further information when a mental health officer receives notice of a determination to extend a CTO (under Section 86 of the Act), or a determination to extend a CO (under Section 152 of the Act), from a patient's responsible medical officer (RMO), and the Tribunal is required to review the determination.

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To be completed by MHO **MHO Details** Surname First Name Title Address Postcode Telephone No. e-mail address Local Authority eg Glasgow City, City of Edinburgh, Scottish Borders, Highland, etc (the word "Council" may be omitted) Named Person Details ○ The patient does not have a named person O The patient does have a named person - details below Surname First Name Address Postcode Telephone e-mail address Primary Carer Details (if the patient has one) Surname First Name Address Postcode Telephone e-mail address



	MHO Duties Under Section 85 (CTO) / Section 151 (CO)
	O I interviewed the patient
	O It was impracticable to interview the patient
	If it was impracticable to interview the patient, why was it impracticable?
	I informed the patient
	that their RMO was proposing to make a determination to extend the order and of the period of that extension
	○ of their rights in relation to the determination,
	of the availability of independent advocacy services
	I took the following steps to ensure the patient had the opportunity to make use of independent advocacy services
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	I informed the RMO that I
	agreed with the determination to extend the order
	 disagreed with the determination to extend the order and provided reasons why that was the case.
	Reasons provided to RMO for disagreeing with determination to extend
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1	(If applicable) I informed the RMO of the following matters which I considered relevant to the determination
1	
1	
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Advance Statement
Please provide details of any advance statement made and not withdrawn by the patient, if known and where relevant to the extension of the order
Patient's Personal Circumstances
Please provide details of the patient's personal circumstances so far as relevant to the extension fo the order





Views on the Extension of the Order	
Please provide your views on the extension of the order	_
Other Information	
Other Information Please provide any other information you consider relevant to the extension of the order	



To be completed by MH

Submission to Tribunal

 \bigcirc I confirm that I will submit a copy of this form to the Mental Health Tribunal for Scotland

C	opy to Patient
Con	nplete A or B as appropriate
Α	○ I will send the patient of a copy of this form.
OR	L
В	 I will NOT send the patient a copy of this form as I believe there would be a risk of significant harm to the patient, or to others, if a copy of were sent to him/her. My reasons for believing this are:
Co	opy to Others
	Lucil acad the following a copy of this form
	I will send the following a copy of this form.
	 The patient's named person (if any)
	 The patient's RMO
	The Mental Welfare Commission
Si	ignature / Date
	Signed (by MHO providing information)
	(b) this providing morniagon)
	Date //

