

**Revocation / Termination**

of pre-disposal court orders, restricted patients and patients with restricted status

**Instructions**

v7.1

**The following form is to be used:**

as a record of termination for the following order types:

- commitals
- assessment orders,
- treatment orders,
- interim compulsion orders,
- temporary compulsion orders,
- compulsion order and a restriction orders (CORO),
- hospital directions,
- transfer for treatment directions
- community payback order with a mental health treatment requirement

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 record.

Where not completing this form electronically, to ensure accuracy of information, please observe the following conventions:

Write clearly within the boxes in  
BLOCK CAPITALS  
and in BLACK or BLUE ink

For example

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Shade circles like this ->  
Not like this ->



Where a text box has a reference number to the left, you can extend your response on plain paper where there is insufficient space in the box. Extension sheet(s) should be clearly labelled with Patient's name and CHI number, and each extended response should be labelled with the appropriate text box reference number.

**Patient Details**

CHI Number					
Surname					
First Name(s)					
Other / Known As					
	<i>'Other / Known As' could include any name / alias that the patient would prefer to be known as.</i>				
Title					
DoB <small>dd / mm / yyyy</small>	/   /				
	<table style="width: 100%;"> <tr> <td style="text-align: left;"><b>Gender</b></td> <td> <input type="radio"/> Male                        <input type="radio"/> Female                        <input type="radio"/> Prefers not to say                        <input type="radio"/> Not listed                 </td> </tr> <tr> <td></td> <td><i>If not listed, please specify</i> <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px; vertical-align: middle;"></span></td> </tr> </table>	<b>Gender</b>	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Prefers not to say <input type="radio"/> Not listed		<i>If not listed, please specify</i> <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px; vertical-align: middle;"></span>
<b>Gender</b>	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Prefers not to say <input type="radio"/> Not listed				
	<i>If not listed, please specify</i> <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px; vertical-align: middle;"></span>				

**Patient's Detention Status**

The patient was detained in:

Hospital	
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Under the following order / direction:

which was due to expire on

	/		/	
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**Termination of Order**

The order / direction noted on page 1 was terminated on Date  /  /

for the following reason (*shade one only*):

- Expiry without authority to detain ( covers EDL for Transfer for Treatment Direction)
- Unauthorised absence
- Death of patient

Revocation by court

*only applicable to: assessment orders; treatment orders and interim / temporary compulsion orders*

Revocation by the court and a subsequent order made

Revocation by the Scottish Ministers

*only applicable to: hospital directions; transfer for treatment directions*

Revocation by the Scottish Ministers upon the direction of the Mental Health Tribunal for Scotland

Revocation by the Mental Health Tribunal for Scotland

*only applicable to: compulsion order and restriction orders (CORO)*

Termination for other reasons (detail below)

<b>1</b>	
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**Signature / Date**

Form completed by -

Surname

First Name

Job Title

Signed

Date  /  /   
dd / mm / yyyy

***A copy of this form should be sent to the Mental Welfare Commission***

