

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

Revocation / Termination

of Emergency Detention / Short Term Detention / Extension Certificate

REV1

v7.1

The following form is to be used:

to record the decision by the AMP / RMO to revoke an emergency detention, short-term detention or extension certificate, and to give notice of the termination of any of these certificates, whether as a result of revocation or any other reason

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 notification.

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

Write clearly within the boxes in		For example														Shade circles like this -> Not like this ->								,	
BLOCK CAPITALS and in BLACK or BLUE ink																			Not	like	this	->	×	S	
Where a text box has a refethe box. Extension sheet(s labelled with the appropriate) sho	uld I	be c	clear	ly la	abel	led v	vith																	
Patient Details																									
CHI Number]														
Surname	П								T	T															
First Name(s)	П																								
Other / Known As										T		T													
T91.	'Other / Known As' could include any name / alias that the patient would prefer to be known as.															1									
Title													nder ○ Male ○ Female ○ Prefers not to say ○ Not listed											1 [
DoB dd / mm / yyyy			/]/]				lease							, ,			
											_											===		 	i
Detention Details																									
The patient is detained u	nder	the	au	thor	ity (of:		\bigcirc	an (eme	rge	ncy	dete	entic	on c	ertif	ficat	e							
								\bigcirc	a sl	nort-	teri	m de	eten	tion	cer	tific	ate								
								\bigcirc	an	exte	nsi	on c	ertifi	icat	е										
The patient is detained in	1:																								
Hospital																									

If the RMO or AMP is revoking the certificate please go to Part 1 (page 2)

If this certificate is terminating for any other reason please go to Part 3 (page 4)



Part 1: Revocation of Certificate To be completed by AMP or RMO													
AMP / RMO Details													
Surname													
First Name													
Title			G	MC Number									
Hospital													
Hospital address													
Postcode													
Telephone No.													
·													
e-mail address													
Approved under section	on 22 of the Ac	t by:											
Health Board N I	ПЭ												
Revocation of Certificate													
	ned above, am	revoking the pa	tient's detention ce	ertificate, for the reasons s	tated below, as I am <i>no</i>								
the patient's condition		iteria for detenti	on										
a) That the patient hb) that, because of impaired AND,			ty to make decisions a	about the provision of medical tre	atment is significantly								
	were not detained person	in hospital there we	ould be a significant ris	sk to the health, safety or welfare	of the patient; or to the								
		r the detention i	n hospital of the pa	atient to be authorised by t	he certificate								
1													
Date Certificate Revol	ked		/										
Time Certificate Revo	oked		(24 hr)										
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Part 1 (cont)															T	o b	e co	omp	olet	ed k	оу А	MP	or RN
Patient's post-Dete	ention S	tatus																					
Discharge	0	a) T	he pa	atient	t has	bee	n d	isch	arg	ed f	fron	n ho	spit	al, (OR								
	0	b) The patient has NOT been discharged from hospital.																					
Further care &	0	a) T	he pa	atient	t will	rece	eive	furt	her	psy	/chi	atric	caı	re a	nd t	rea	tme	ent, (OR				
reatment	0	b) The patient will NOT receive further psychiatric care and treatment																					
where appropriate)	further p	sychiat	ric ca	ıre ar	nd tre	∍atm	nent	will	be	unc	der t	the (care	of	-								
Full name and prof	essiona	l addre	ess o	f lead	d pra	actit	ion	er															
Surname				\top															Τ				
rst Name			$\overline{\Box}$	\top	$\overline{}$					Ī	T	İ	T	Ī		T	Ť	T	T	Ť	T		
Address			\forall	\mp	+	\dagger	T			T	Ħ	T	Ħ			\dagger	$\dot{\dagger}$	T	T	+	Ħ	 	
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			\forall	+	+	\vdash	\vdash	\vdash	\vdash	\vdash	\vdash	+	+		\vdash	+	\vdash	+	+	+	+	+	\exists
ostcode			\forall	+	+	1									<u> </u>								
																							
Informing and noti	fyina by	'AMP	or RM	10																			
Revoking an emerge	-						nio -	·0· ·-	00 1 !	05	3C -	·00		n=-	O+: -	ah!-	٠.						
I confirm that I w the patient	viii iiiīOrm	ı 111 0 10	iiOWIľ	ıy pa	uues	or th	ııS ľ	ev0	cati	iun (as s	oor	ıas	pra	CIIC	aDl€	₹.						
the managers	of the h	ospital	thor	vation	1t 14/0	و ۲۰)toin	ו ממ	in														

Revoking a short-term detention certificate or extension certificate - RMO

I confirm that I will give notice of this revocation to the following parties as soon as practicable:

the patient

the patient's named person (if any)

any guardian of the patient (see notes)

any welfare attorney of the patient (see notes)

the patient's MHO

I confirm it is my responsibility to ensure that notice (in the form of a copy of this document) will be sent to the following parties within 7 days of the revocation:

The Mental Welfare Commission

The Mental Health Tribunal for Scotland

Signed	S	Sig	n	ec
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by the AMP or RMO completing this revocation

This form should now be given to the hospital managers Notes

[&]quot;Welfare attorney" means an individual authorised, by a welfare power of attorney granted under section 16 of the Adults with Incapacity (Scotland) Act 2000 (asp 4) and registered under section 19 of that Act, to act as such



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[&]quot;Guardian" means a person appointed as a guardian under the Adults with Incapacity (Scotland) Act 2000 (asp 4) who has power by virtue of section 64(1)(a) or (b) of that Act in relation to the personal welfare of a person

Part 2: Informing of Revocation of Emergency Detention

To be completed by the Hospital Managers

The following will be info	rmed of	the rev	ocatio	n of t	the en	nerge	ncy	deten	tion	certi	ificat	e as	soon	as i	s pra	actica	able:	
O patient's neares	t relative)																
\bigcirc any person who resides with the patient (if not the nearest relative)																		
\bigcirc the patient's named person (if any and neither of the above)																		
○ any guardian of the patient (see notes at bottom of page 3)																		
○ any welfare atto	rney of t	he patie	ent (se	e no	tes at	botto	m o	f page	3)									
The local authority should also be notified as soon as practicable																		
Note: If the managers KN resides. If the managers L the hospital is situated.																		
Local Authority notified																		
	eg Glasgo	w City, Cit	y of Edint	ourgh,	 Highland	d, Scott	ish Bo	rders, ed	t. The	e word	d "Cou	ncil" ma	y be o	mitted			<u> </u>	
Part 3: Termination of Detention To be completed by the Hospital Managers																		
To be completed in ALL	. cases -	where	RMO	/AMI	P has	revo	ked	certif	icate	e OF	R an	y oth	er te	ermii	natio	on of	dete	ention
The emergency detention certificate ceased to auth for the following reason:							xten	sion				/ voked I				his is	date o] ·f
 Expiry of authority to de 	etain																	
 Revocation by patient's 		RMO																
O Revocation by the Ment	tal Welfa	re Com	nmissio	on														
○ Revocation by the Men	tal Health	h Tribur	nal for	Scot	land													
 Transfer out of Scotland 	d																	
 Unauthorised absence 																		
O Death of patient																		
 Termination for other re 	asons (ç	give det	tails be	elow)														
2																		
Completed by																		
Job Title							\pm										+	
							\perp					<u> </u>					$\perp \perp \downarrow$	
Signed																		
Date		/										_						

A copy of this form should be sent to the Mental Welfare Commission and the Mental Health Tribunal for Scotland as soon as is practicable



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