

MENTAL HEALTH (CARE AND TREATMENT) (SCOTLAND) ACT 2003

MEDICAL REPORT: TRANSFER FOR TREATMENT DIRECTION IN RESPECT OF PERSON SERVING A SENTENCE OF IMPRISONMENT (Section 136)

(full name and professional address of practitioner)

I _____
of _____

a registered medical practitioner, recommend that –

(full name of patient)

_____ be transferred to hospital in accordance with section 136 of the Mental Health (Care and Treatment) (Scotland) Act 2003.

(delete if not applicable)

I have been approved by _____
Health Board under section 22 of the Mental Health (Care and Treatment) (Scotland) Act 2003

I last examined the patient at _____

on _____

(State whether acquainted with the patient by reason of being prison medical officer, having treated patient previously, etc. If no previous knowledge of patient, enter "none)

The nature and extent of my acquaintance with the patient prior to conducting the examination is as follows:

(Delete (i), (ii) or (iii) unless all apply)

In my opinion this patient is suffering from a mental disorder in terms of section 328 of the Mental Health (Care and Treatment) (Scotland) Act 2003, being

			Primary ICD 10 Code					
Mental illness	Yes	No	F			•		
Personality disorder	Yes	No	F			•		
Learning disability	Yes	No	F			•		

Please enter primary ICD 10 diagnosis code for each disorder present.

(give a brief description of the salient features of the patient's mental state)

I am of the opinion that the medical treatment which would be likely to prevent the mental disorder worsening or alleviate any of the symptoms, or an effect, of the disorder, is available for the patient.

I am of the opinion 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, and that the making of a transfer for treatment direction in respect of the patient is necessary.

(delete if not applicable)

I am of the opinion that this patient requires to be detained in hospital under conditions of special security and that such conditions of special security can be provided only in a State Hospital.

This opinion is based on the following grounds:

(Give brief details of any known previous in-patient or outpatient psychiatric treatment. If past history unknown write "NOT KNOWN". If known that the patient has not previously received psychiatric treatment write "NONE")

I understand that the patient has previously received psychiatric treatment as follows:

Mental Health Officer Agreement

I have consulted with the MHO named below, and he / she

- agrees it is necessary to grant this transfer direction
- disagrees it is necessary to grant this transfer direction

Surname:

First name(s):

Appointed to act
as a MHO by
Local Authority:

MHO's work
Address:

Telephone
Number:

OR

It was not practicable, for the reasons stated below, to gain the agreement of a mental health officer to the granting of this transfer direction.

(This section need be completed in only one of the medical reports relating to the patient)

Provisional arrangements for patient's treatment in hospital have been made as follows:-

(State whether the hospital named has agreed to admit the patient in the event of a direction under section 136 being made)

I am of the opinion that the hospital specified above is suitable for the purpose of giving medical treatment to the patient in accordance with Part 16 of the Mental Health (Care and Treatment) (Scotland) Act 2003.

Signed _____

Date _____