For example

Shade circles like this ->

Not like this ->





Instructions v6.0

## The following form is to be used:

Write clearly within the boxes in

BLOCK CAPITALS and in BLACK or BLUE ink

to notifiy the Mental Welfare Commission of circumstances where it was necessary as a matter of urgency for medical treatment to be given to a patient subject to detention authoised by this Act or the Criminal Procedure (Scotland) Act 1995

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 review.

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

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																								
'Other / Known As' could include any name / alias that the patient would prefer to be known as.																								
Title												(	Gender O Male											
DoB dd / mm / yyyy			/		]/											○ F	em	ale	  -  -					
Patient's home address																								
Postcode								1												1			ш	
							J																	
Patients RMO																								
Surname																								
First Name																								
Hospital																								
Ward / Clinic (If appropriate)																								



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				$^{\prime}$ RN	

## I considered that it was a matter of urgency that medical treatment be given to the aforementioned patient (see notes below). The purpose of this treatment was -○ (a) saving the patient's life; ○ (b) preventing serious deterioration in the patient's condition; ○ (c) alleviating serious suffering on the part of the patient; (d) (i) preventing the patient from behaving violently; or (ii) preventing the patient from being a danger to themselves or to others Date The treatment was first given to the patient on: The treatment given to the patient was: Name of person authorising the treatment (if not the patient's RMO) -Surname First Name Job Title Signature Confirmation / Notification by RMO I, the RMO named on page 1, am an approved medical practitioner under section 22 of the Act. I confirm that the Mental Welfare Commission will be notified of the giving of medical treatment by virtue of section 243, before the expiry of 7 days beginning with the day on which the treatment was first given. Signed by patient's RMO Date

Section 243 authorises the giving of medical treatment:

- a) for a purpose mentioned in any of options (b) to (d) above only if the treatment is not likely to entail unfavourable, and irreversible, physical or psychological consequences;
- b) for a purpose mentioned in options (c) or (d) above only if the treatment does not entail significant physical hazard to the patient

Section 243 does not authorise the giving of electro-convulsive therapy if the patient is capable of consenting, but does not consent to the treatment



Notes

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