



**RMO Details**

Surname

First Name

Title  GMC Number

Hospital

Hospital address

Postcode

Telephone No.

e-mail address

Approved under section 22 of the Act by:  
 Health Board **NHS**

**Patient Status**

The patient is subject to:

- a compulsory treatment order
- a compulsion order
- an interim compulsory treatment order

**Section 113 Details**

I confirm that the patient was detained in hospital under section 113 of the Act for failing to comply with any measure(s) authorised by a compulsory treatment order / interim compulsory treatment order / compulsion order on:

Date  /  /   
dd / mm / yyyy

Time  :   
24 hr clock

and was examined under section 113(6) of the Act.



**Reasons for Detention**

**Patient subject to Compulsory Treatment Order / Compulsion Order**

I wish to detain the patient under section 114 of the Act because

- I am considering varying the compulsory measures specified in the patient's order, or
- I am making an application to the Tribunal to vary the patient's order

**Patient subject to Interim Compulsory Treatment Order**

- I wish to detain the patient under section 115 of the Act as the interim compulsory treatment order will not have expired before the end of the 72-hour period where the patient is detained under section 113

**All patients**

I consider, for the reasons stated below, that if the patient does not continue to be detained in hospital it is reasonably likely that there will be a significant deterioration in the patient's mental health.

<b>1</b>	
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The patient will be detained in -

Hospital

Ward / Clinic

**MHO Consent**

I have consulted the patient's MHO, detailed below:

- The MHO consented to this certificate being granted.

MHO details - Surname

First Name

Title

MHO address

Postcode

Telephone No.

e-mail address

Local Authority

eg Glasgow City, City of Edinburgh, Highland, Scottish Borders, etc. The word "council" may be omitted



**Consultation - Named Person**

- The patient does not have a named person
- The patient does have a named person - details below

Surname																												
First Name																												
Title																												
Address																												
Postcode							Telephone																					
e-mail address																												

*Complete A or B as appropriate*

**A** I consulted the named person prior to the granting of this certificate on:      Date     /  /

**OR**

**B** I did not consult the patient's named person prior to the granting of this certificate, as it was impracticable to do so, as detailed below. (Note: to include what efforts were made to consult the named person).

<b>2</b>	
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**Certification**

*Shade / complete as appropriate*

**Section 114 Certificate**

I, the RMO named on page 1, am granting a certificate under section 114(2) of the Act authorising the patient's continued detention in hospital for 28 days starting from the date of this certificate

**Section 115 Certificate**

I, the RMO named on page 1, am granting a certificate under section 115(2) of the Act, which authorises the patient's continued detention in hospital from the date of this certificate until the expiry of the interim compulsory treatment order

Interim CTO expiry date:  /  /  ie the date on which, at midnight at the end of that day, the measures authorised will cease to have effect

Signed  
by RMO

Date of Certificate  
dd / mm / yyyy

 /  / 

This form should now be passed to hospital managers

**NOTIFICATION**

To be completed by the Hospital Managers

We confirm that the following parties have or will be notified of the granting of the certificate as soon as is practicable -

- the patient
- the patient's named person (if any)
- any guardian of the patient (see note 1)
- any welfare attorney of the patient (see note 2)

We confirm that the the following parties will be notified of the granting of this certificate, and sent a copy of it within seven days of its granting -

- The Mental Health Tribunal for Scotland
- The Mental Welfare Commission

Completed by -

Surname

First Name

Job Title

Date

dd / mm / yyyy

 /  / 

**Notes**

- 1) "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
- 2) "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

