



Admission of Part 8 / Part 11 Patient

Instructions v7.1

The following form is to be used:

where a patient is admitted to the care of a hospital following the making of an assessment order, a treatment order, an interim compulsion order, a compulsion order and a restriction order, a hospital direction, a transfer for treatment direction or a commmunity payback order with a mental health treatment requirement.

Do not use this form:

following a transfer of a patient from another hospital where previously admitted under any of the above orders

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.

Write clearly within the boxes in					imp		uic	acc	urac	y Ui	111101	maı	1011,	pice	130 (· ·)	
BLOCK CAPITALS and in BLACK or BLUE ink					Ť									Shade circles like this -> Not like this -> (\checkmark							
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.																								
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OoB dd / mm / yyyy			/]/						If no							eleis	TIOL	10 50	iy O	INOL	IISLE	
Patient's home address											_	<u> </u>													
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Postcode									<< F	Pleas	se e	nter	NF1	1 <i>A</i>	B if	no fi	xed	abo	de						
Admission Details																									
Admission/Status Change date] /]/					f	rom	col	urt /	pris	son	/ ho	spit	al to	the	e ca	re c	of:		
Hospital																									
Ward / Clinic																									
	This is NOT the hospital specified within the order/direction																								
	\circ T	Γhe ∣	pati	ent	is b	ein	g de	etair	ned	in th	ne a	bov	e na	ıme	d h	ospi	tal								
	○ The patient is being treated in the community																								
The hospital named abov	/e is	situ	ıate	d w	ithir	า:																			
Local Authority																									
	eg G	lasgo	w Cit	y, Cit	y of E	 Edinb	urgh,	High	 ands	, Scot	⊥ ttish E	l Borde	rs, etc	 c. Th	le wo	l rd "C	ounci	l" ma	be o	mitte	 d			ш	



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		To be completed by the Hospital Managers													
Order / Direction Details															
The statutory provision under which the order or direction was made, is:															
Patients with 'restricted'	Assessment order (section 52D of the 1995 Act)														
status although not subject to a restriction	O Extension to assessment order (section	n 52G of the 1995 Act)													
order	\bigcirc Treatment order (section 52M of the 19	95 Act)													
	O Interim compulsion order (section 53(2) of the 1995 Act)														
	\bigcirc Extension to Interim compulsion order ((Section 53B of the 1995 Act)													
	O Hospital direction (section 59A of the 1995 Act)														
	 Transfer for treatment direction (section 136 of the 2003 Act) 														
Patients subject to a	O Compulsion order (section 57A (2)) and	and a restriction order (section 59 of the 1995 Act)													
restriction order	O Compulsion order (section 57(2)(a)) and	d a restriction order (section 57(2)(b) of the 1995 Act)													
Non-restricted patients	Committal to hospital (section 200 of the 1995 Act)														
	○ Temporary compulsion order (section 54(1)(c) of the 1995 Act)														
	○ Compulsion order (section 57(2)(a) of the 1995 Act)														
Compulsion order (section 57A (2) of the 1995 Act)Community payback order (section 227A of the 1995 Act)															
								RMO Details							
Surname															
First Name															
Title		GMC No.													
Hospital															
Ward / Clinic (If appropriate)															
Telephone No.															
e-mail address															
Approved under section 22 of the Act by:															
Health Board NHS															
Signature / Date															
○ The hospital managers have fulfilled their obligations under section 260 of the Act.															
Completed by															
Job Title															
Signed															
Date															

A copy of this form **and the relevant order/direction** should be sent to the Mental Welfare Commission Copies should also be sent to the Scottish Ministers for patients subject to a restriction order, or with restricted status

