Revocation / Termination

of pre-disposal court orders, restricted patients and patients with restricted status

REV 5
formerly DISC 1

v6.0

The following form is to be used:

as a record of termination for the following order types:

commitals
assessment orders,
treatment orders,
interim compulsion orders,
temporary compulsion orders,
compulsion order and a restriction orders (CORO),
hospital directions,
transfer for treatment directions
probation orders with a requirement of treatment of mental condition

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.

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

Write clearly within the boxes in BLOCK CAPITALS and in BLACK or BLUE ink

For example

2	5		M	A	R	K	E	T		S	T

Shade circles like this -> ●
Not like this -> ⊗ ✓

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.

CHI Number: 2104673933

Surname: SHAW

First Name(s): ANDREW

Other / Known As: MARTIN

'Other / Known As' could include any name / alias that the patient would prefer to be known as.

Title: MR

DoB (dd / mm / yyyy): 21 / 04 / 1967

Gender: ◉ Male ○ Female

The patient was detained in:

Hospital: BECKFORD LODGE

Under the following order / direction: ASSESSMENT ORDER - SECTION 52(D)

which was due to expire on: 01 / 03 / 2016

The order / direction noted on page 1 was terminated on Date 01 / 03 / 2016

for the following reason ***(shade one only)***:

- ○ Expiry without authority to detain (covers EDL for Transfer for Treatment Direction)
- ○ Unauthorised absence
- ○ Death of patient
- ◉ Revocation by court
- ○ Revocation by the court and a subsequent order made

only applicable to: assessment orders; treatment orders and interim / temporary compulsion orders

- ○ Revocation by the Scottish Ministers
- ○ Revocation by the Scottish Ministers upon the direction of the Mental Health Tribunal of Scotland

only applicable to: hospital directions; transfer for treatment directions

- ○ Revocation by the Mental Health Tribunal of Scotland

only applicable to: compulsion order and restriction orders (CORO)

- ○ Termination for other reasons (detail below)

Form completed by -

Surname: BARCLAY

First Name: CAROLE

Job Title: FORENSIC SECRETARY

Signed: Carole Barclay

Date dd / mm / yyyy: 01 / 03 / 2016

A copy of this form should be sent to the Mental Welfare Commission