

RMO Details

Surname

First Name

Title GMC Number

Hospital

Ward / Clinic (If appropriate)

Telephone No.

Approved under section 22 of the Act by:

Health Board **NHS**

Patient's Treatment Status

Complete A or B as appropriate

A The patient is subject to the following order / certificate authorising detention:

eg short-term certificate (section 44).

The authority to detain the patient granted by the above order / certificate will cease at midnight at the end of:

Date / /

The patient is liable to be detained in:

Hospital

Ward / Clinic (If appropriate)

The patient's detention is currently suspended until

Date / /

Where detention is suspended, the patient is resident at

- the address detailed on page 1
- the address detailed opposite

Phone number (if known)

OR

B The patient is an informal patient, receiving treatment in

Hospital

Ward / Clinic (If appropriate)



Details of Transfer (cont)

The arrangements for the provision of treatment, care or services which would be available for the patient in the place to which it is proposed that the patient is to go after being transferred from Scotland are:

2

Does the transfer need to be undertaken as a matter of clinical urgency? If so, please provide reasons.

3

Does the patient consent to the transfer? If not, please provide reasons.

4

I believe the following additional information to be relevant to the proposed transfer-

5



Consultation - MHO

Surname [Grid]

First Name [Grid]

Title [Grid]

Address [Grid]

[Grid]

[Grid]

Postcode [Grid]

Telephone [Grid]

Local Authority [Grid]

eg Glasgow City, City of Edinburgh, Highland, Scottish Borders, etc (the word "Council" may be omitted)

Before making this section 290 application to transfer the patient outside of Scotland, I gave notice to the patient's MHO of my intention to make the application. The date I gave notice was:

Date [Grid] / [Grid] / [Grid]

Complete A or B as appropriate

A The MHO has informed me that s/he agrees with this section 290 application

OR

B The MHO has informed me that s/he disagrees with this section 290 application for the following reasons:

6 [Large Text Area]

Contact Details for Named Person or Primary Carer

The name and address of the patient's named person:

[Text Area]

Phone number [Grid]

OR Where the patient is an informal patient who is to be transferred outwith the UK, the full name and address of the patient's primary carer:

[Text Area]

Phone number [Grid]



Notification

The following parties have been notified in advance of the proposed transfer:

Note: these parties must be allowed 7 days to make a representation with their views on the proposed transfer

- the patient; (and the patient was notified that if s/he has a particular wish or preference that s/he would like Scottish Ministers to take into consideration, then s/he must inform the Scottish Ministers within 7 days of the day on which notification was received; and that s/he may do this directly to the Scottish Ministers or via me as his/her RMO);
- the patient's named person;
- the patient's primary carer; (Note: the patients primary carer will need to be notified where the patient is in hospital being treated for mental disorder other than by virtue of the 1995 Act or the 2003 Act, (i.e. an informal patient))
- any guardian of the patient;
- any welfare attorney of the patient;
- the mental health officer.

Those parties, as indicated, were notified of the proposed transfer by: Date / /

The following representation(s) was/were made on the proposed transfer by the above parties.

7

Declaration / Signature

I confirm that:

I have discussed the proposed transfer with the receiving hospital to ensure they are prepared to accept the patient, and have attached a copy of a letter from the receiving hospital agreeing to the proposed transfer;

Where the patient is an informal patient who is to be transferred outwith of the United Kingdom, I have informed the relevant local authority of this to enable an MHO to be designated responsible for the patient's case;

Where the proposed transfer relates to a restricted patient, and I have consulted an official in Branch 4 of the Mental Health Division of the Scottish Executive.

Signed
by the RMO

Date
dd / mm / yyyy

 / /

For **NON-RESTRICTED** patient's please return this form to -

Mental Health Law Team
Area 3ER
St Andrews House
Regent road
EDINBURGH
EH1 3DG

For **RESTRICTED** patient's please return this form to -

Mental Health Branch 4
Room 2N.08
St Andrew's House
Regent Road
EDINBURGH
EH1 3DG

Note

following the issue of a warrant by Scottish Ministers approving the transfer of a patient out of Scotland, the appropriate termination notification (REV form) will need to be completed at the time the patient is transferred

