



RMO Details

Surname [grid]

First Name [grid]

Title [grid] GMC Number [grid]

Hospital [grid]

Ward / Clinic (If appropriate) [grid]

Telephone No. [grid]

e-mail address [grid]

Approved under section 22 of the Act by:

Health Board NHS [grid]

CTO / CO Details

The compulsory treatment order / compulsion order was first made on: [grid] / [grid] / [grid]

Note: for deemed orders, this is the date the deemed order was first granted, eg the Section 18 / Section 58 date

The order will cease to authorise the measures specified at midnight at the end of: [grid] / [grid] / [grid]

The patient is detained in / under the care of:

Hospital [grid]

Ward [grid]

Reasons for Variation

The reasons for seeking this specific variation to the order are - (for example, please state whether other variations were considered and subsequently ruled out.)

1 [Large empty text area for reasons for variation]





*Variation to Recorded Matters - patients subject to CTO only*

The recorded matter(s) which is(are) currently specified in the order and which you wish to see varied is(are):-

2

|  |  |
|--|--|
|  |  |
|--|--|

The modifications to the recorded matter being sought are:-

3

|  |  |
|--|--|
|  |  |
|--|--|

*Other Relevant Information*

Please provide any other information which you believe to be relevant to this application

4

|  |  |
|--|--|
|  |  |
|--|--|



MHO Details

Surname [grid]

First Name [grid]

Title [grid]

Address [grid]

Postcode [grid]

Telephone No. [grid]

e-mail address [grid]

Local Authority [grid]

Before making this application to vary the order, I gave notice to the patient's MHO of my intention to make this application on: Date [grid] / [grid] / [grid]

- The MHO has failed to comply with his/her duty to inform me whether s/he agrees or disagrees with this application.

MHO View of Application (to be completed by the MHO {see notes})

- I, the above named MHO:
- agree with this application to vary the order
- disagree with this application to vary the order for the following reasons:

5 [Large empty box for MHO response]

Signed by the MHO [Signature line]

Date dd / mm / yyyy [grid]

Notes

The MHO should complete this section wherever practicable. Where not practicable, the RMO should record the MHO's views



*Consideration Of View Of Other Parties*

In advance of making this application, I have considered the views expressed by certain parties with respect to this determination. These parties are:

- such persons that provide medical treatment of the kind as set out in the patient's care plan.
- such persons that provide community care or relevant services of the kind set out in the patient's care plan.
- such persons that provide other treatment, care or service of the kind set out in the patient's care plan.
- the patient's MHO
- other parties I considered appropriate

**Please provide details of other parties where applicable -**

|   |  |
|---|--|
| 6 |  |
|---|--|

*Named Person Details*

|            |                      |  |  |  |  |  |  |           |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|------------|----------------------|--|--|--|--|--|--|-----------|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Surname    | <input type="text"/> |  |  |  |  |  |  |           |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| First Name | <input type="text"/> |  |  |  |  |  |  |           |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Title      | <input type="text"/> |  |  |  |  |  |  |           |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Address    | <input type="text"/> |  |  |  |  |  |  |           |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|            | <input type="text"/> |  |  |  |  |  |  |           |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|            | <input type="text"/> |  |  |  |  |  |  |           |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|            | <input type="text"/> |  |  |  |  |  |  |           |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|            | <input type="text"/> |  |  |  |  |  |  |           |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Postcode   | <input type="text"/> |  |  |  |  |  |  | Telephone | <input type="text"/> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

- Status of Named Person
- Nominated by patient
  - Appointed by Mental Health Tribunal for Scotland
  - Default (primary carer or next of kin)

*Advance Statement*

- As far as I am aware, the patient has made and not withdrawn an advance statement made under the terms of section 275 of the Act.
- As far as I am aware the patient has not made an advance statement under the terms of section 275 of the Act.



Contact Details Of Relevant Parties

The Mental Health Tribunal for Scotland needs contact details of relevant parties in order to include them when considering this application.

**Full name and address of the patient's primary carer, if different to the patient's named person**

**Full name and address the patient's guardian where applicable (see note 4 on page 10)**

**Full name and address of the patient's welfare attorney where applicable (see note 5 on page 10)**

**Please provide names and addresses of any other relevant party having an interest in this application. Please also provide their status, for example, patient's GP, Advocate. Please use additional paper if required.**

STATUS

STATUS



**Notification**

**This notification should be given as soon as practicable after the duty to make the application arose and, in any event, before making the application.**

**Notification to the Mental Welfare Commission: Copies of the application should NOT be sent as notification. A copy of the letter sent to the patient is sufficient for this purpose.**

I confirm that notification that this application is to be made was given to (shade as appropriate):

- The patient
- The patient's named person
- The patient's MHO
- The Mental Welfare Commission
- Any guardian of the patient (see note 3 below)
- Any welfare attorney of the patient (see note 4 below)

All the above parties had been notified by:

|  |  |   |  |  |   |  |  |  |  |
|--|--|---|--|--|---|--|--|--|--|
|  |  | / |  |  | / |  |  |  |  |
|--|--|---|--|--|---|--|--|--|--|

**RMO Signature / Date**

Signed  
by the RMO

|  |
|--|
|  |
|--|

Date  
dd / mm / yyyy

|  |  |   |  |  |   |  |  |  |  |
|--|--|---|--|--|---|--|--|--|--|
|  |  | / |  |  | / |  |  |  |  |
|--|--|---|--|--|---|--|--|--|--|

**Notes for RMO**

1. This application should be accompanied by the patient's Care Plan and sent to the Mental Health Tribunal for Scotland
2. There is no requirement to copy the application to the Mental Welfare Commission
3. "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, where they have the power to consent
4. "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, where they have the power to consent



*Date Application Received*

This application to vary a compulsory treatment order /  
compulsioin order was received by the Mental Health  
Tribunal for Scotland on

Date  /  /

*Hearing Details*

A hearing to consider the application was heard on

Date  /  /

Before the following Tribunal members -

Convener

Medical

General

The hearing took place at:

Address

Postcode

Before determining the application, the Mental Health Tribunal for Scotland afforded the persons mentioned in section 103(6) or 166(3) of the Act the opportunity to make representations (whether orally or in writing), and lead, or produce evidence. Evidence was provided by:

- Patient
- Patient's MHO
- Patient's Name Person
- Patient's RMO
- Guardian of the patient
- Patient's primary carer
- Welfare Attorney of patient
- Curator Ad Litem
- Any other person appearing to the Tribunal to have an interest (list below)

|   |  |
|---|--|
| 7 |  |
|---|--|



**Determination**

Complete the appropriate option(s) below. Where varying, irrespective of whether there has been a variation to the measures or recorded matters as a result of this order, Parts 5a and 5b should be completed detailing ALL measures/recorded matters authorised by this order.

**A: complete if - VARYING THE ORDER**

The Mental Health Tribunal for Scotland authorises the variation of the order to which the application relates by modifying:

- (i) the measures (detail measures subject to change following variation in Part 5a); or
- (ii) any recorded matter specified (**compulsory treatment orders only**) (Part 5b).

**B: complete if - REFUSING THE APPLICATION**

- The Mental Health Tribunal for Scotland refuses the application to vary the order to which the application relates.

**C: complete if - REFUSING THE APPLICATION AND REVOKING THE ORDER**

- The Mental Health Tribunal for Scotland refuses the application to vary the order to which the application relates and revokes that order.

**NOTES****GUIDANCE FOR MEDICAL RECORDS ON DETERMINATION****Variations**

Variations take immediate effect from the date the Tribunal Convenor signs the determination

**Refusals**

The current order will run until it expires at which point the patient should be discharged or other arrangements made to continue treatment

**Revocation**

The patient should be discharged as soon as practicable or arrangements made to treat the patient informally. A copy of the relevant revocation form should be completed.





## PART 2b - Recorded Matter (Compulsory Treatment Orders only)

## Complete A or B as appropriate

- A.  The Mental Health Tribunal for Scotland wishes to specify as recorded matters within this order the following medical treatment, community care services, relevant services, other treatment care or service. **(Note: this must include ALL recorded matters appropriate to the order, and not just those that have been varied):**

11

OR

- B.  The Tribunal does not specify any recorded matters in this compulsory treatment order.
- The above position is a variation from the recorded matter specified in the previous order.

## PART 2c - Advance Statement

- A.  As far as is practicable to ascertain the patient's current/proposed care and treatment is / are either:
- 1) NOT in conflict with any advance statement made by the patient, under section 276 of the Act, or
  - 2) The patient has not made an advance statement.

OR

- B.  The patient has made and not withdrawn an advance statement, which is in conflict with the treatment outlined in this order. Where the treatment is in conflict with the advance statement, detail how the decision was made, and the reasons for it.

12

Where the treatment is in conflict with the advance statement, a record has been sent to:

- the patient  the patient's welfare attorney
- the patient's named person  the patient's guardian
- the Mental Welfare Commission (copy of this form will serve as a record)

## Signature / Date

Signed  
by Convenor

Date  
dd / mm / yyyy

 /  /