

Instructions

v6.0

The following form is to be used :

where it is necessary as a matter of urgency to detain the patient in hospital for the purpose of permitting a full assessment of the person's mental state; and where if the patient were not detained in hospital there would be a significant risk to either themselves or others.

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 certificate.

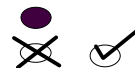
If you are not completing this form electronically, please observe the following conventions, to ensure accuracy of information:

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

For example

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.

Patient Details

CHI number

[illegible]

Surname

[illegible]

First name(s)

[illegible]

Other / known as

[illegible]

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

Title

[illegible]

DoB

dd / mm / yyyy

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Gender

☐ Male

○ Female

Patient's home
address[illegible]

Post code

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Medical Practitioner Details

Surname

[illegible]

First name(s)

[illegible]

Address

[illegible]

Postcode

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Detention Criteria

As the medical practitioner named on page 1, I declare that I have examined the patient. I am granting this emergency detention certificate because I believe the patient meets the following criteria -

I consider it is likely, for the reasons stated below, that the patient has a mental disorder (see notes at foot).

1

I consider it likely, for the reasons stated below, that because of this mental disorder, the patient's ability to make decisions about the provision of medical treatment for mental disorder is significantly impaired.

2

I am satisfied, for the reasons stated below, that it is necessary as a matter of urgency to detain the patient in hospital for the purpose of determining what medical treatment for mental disorder the patient requires.

3

Notes

As detailed in section 328 (2) of the Act, a person is not mentally disordered by reason only of any of the following: sexual orientation; sexual deviancy; transsexualism; transvestism; dependence on, or use of, alcohol or drugs; behaviour that causes, or is likely to cause, harassment, alarm or distress to any other person; acting as no prudent person would act.

Detention Criteria (cont)

I am satisfied, for the reasons stated below, that if the patient were not detained in hospital there would be a significant risk -

- ☐ to the patient's health, safety or welfare
- ☐ to the safety of any other person.

4

I am satisfied, for the reasons stated below, that making arrangements with a view to the grant of a short-term detention certificate would involve undesirable delay. Give details of efforts which were made with respect to granting a short-term detention certificate

5

Please give details of the alternatives which you considered to the granting of this certificate. Why is informal/voluntary care not appropriate ?

6



Complete A or B as appropriate

[illegible]

Local Authority

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

[illegible]

OR

Complete A or B as appropriate

[illegible]

OR

PART 1 : CERTIFICATE (cont)

To be completed by the Medical Practitioner

Certification

- ☐ So far as I am able to ascertain, immediately before the medical examination was conducted, the patient was not detained in hospital under the authority of :
- (a) an emergency detention certificate;
 (b) a short-term detention certificate;
 (c) an extension certificate;
 (d) section 68 of the Act (extension of short-term detention pending determination of application); or
 (e) a certificate granted under section 114(2) or 115(2) of the Act. (Compulsory treatment order: detention pending review or application for variation, & interim compulsory treatment order: detention pending further procedures).
- ☐ I have completed the section at the end of this form relating to the patient's ethnicity.

Date examination concluded / / AT : time
(24 hr clock)

Date certificate granted (see notes) / / AT : time
(24 hr clock)

Signed
by the medical practitioner

The medical practitioner must now give this certificate to the managers of the hospital in which the patient is to be detained (see notes)

Notes

The emergency detention certificate must be granted:

- i) before the end of the day if the examination was concluded by 8.00 pm; or
 ii) within 4 hours if the examination concluded between 8.00pm and the end of the day.

If the patient is not in hospital immediately before the certificate is granted, the patient's detention in hospital under the authority of this certificate is only authorised if the certificate was given to the managers of the hospital before the patient was first admitted to hospital

If the patient is in hospital immediately before the certificate is granted, the medical practitioner shall as soon as practicable after granting the certificate, give the certificate to the managers of that hospital.

PART 2

To be completed by the Hospital Managers

Admission Details

Shade as appropriate

- ☐ The patient was an informal inpatient in the hospital detailed below when the certificate was granted.
As a result the 72-hour period of detention began when the certificate was granted.
- OR**
- ☐ The patient was not in hospital immediately before the certificate was granted. As a result the 72-hour period of detention began when the patient was admitted to the hospital detailed below.

Hospital

Ward / clinic

Date detention began / / AT : time
(24 hr clock)

Unless revoked, this authorisation
to detain will expire on - / / AT : time
(24 hr clock)

PATIENT ETHNICITY

The following information is requested to monitor the use of the Mental Health (Care & Treatment) (Scotland) Act 2003 across ethnic groups to ensure observance of equal opportunity requirements

Patient CHI Number

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The patient describes his / her ethnic group as:

	<input type="radio"/> Information not provided	
White	<input type="radio"/> Scottish	
	<input type="radio"/> Other British	
	<input type="radio"/> Irish	
	<input type="radio"/> Other White (please specify)	<input type="text"/>
Mixed	<input type="radio"/> Please specify	<input type="text"/>
Asian, Asian Scottish, or Asian British	<input type="radio"/> Indian	
	<input type="radio"/> Pakistani	
	<input type="radio"/> Bangladeshi	
	<input type="radio"/> Chinese	
	<input type="radio"/> Other Asian (please specify)	<input type="text"/>
Black, Black Scottish, or Black British	<input type="radio"/> Caribbean	
	<input type="radio"/> African	
	<input type="radio"/> Other Black (please specify)	<input type="text"/>
Other ethnic background	<input type="radio"/> Please specify	<input type="text"/>

