

Revocation of Suspension Certificate by RMO

Restricted Patients and Patients with Restricted Status

Instructions

v6.0

The following form is to be used:

where a suspension certificate granted under section 221 or 224, is revoked by the patient's RMO.


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.

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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Shade circles like this -> 
Not like this ->  

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.

Title

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Gender Male Female

DoB dd / mm / yyyy

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Patient's home address

Postcode

--	--	--	--	--	--	--	--	--

RMO Details

Surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Title

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 GMC Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Hospital

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Clinic (If appropriate)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

I, the above named RMO, am approved under section 22 of the Act by:

Health Board **NHS**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



Revocation Of Suspension

A certificate suspending the authority to detain the patient in hospital was granted on:

Date

--	--	--	--	--	--	--	--	--	--	--	--

I am satisfied that in the interests of the patient; or for the protection of any other person, it is necessary to revoke this certificate. The patient will be detained in:

Hospital

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Notification Details

I confirm that I gave notice of this revocation to the following parties as soon as was practicable (within 14 days for the Commission) after the revocation took place.

- The patient
- Where a person is placed in charge of the patient, that person
- The Scottish Ministers
- The Mental Welfare Commission (see note 2)
- The patient's named person (see note 1)
- The patient's GP (see note 1 & note 2)
- The patient's MHO (see note 1)

Signature / Date

Signed by the RMO

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Date

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Notes

1. Not required where patient is subject to an assessment order
2. Notification only required if period of suspension was greater than 28 days

