RES₃

Shade circles like this ->

Not like this ->

Implementation of measures to restrict the use of telephones

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The following form is to be used:

Write clearly within the boxes in BLOCK CAPITALS

and in BLACK or BLUE ink

where the patient's RMO has restricted or prohibited the patient's use of a telephone under section 284 of the Act.

For example

Note: this notification will supersede ALL previous telephone restriction notifications relating to the patient detailed below

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

Where a text box has a reference number to the left, you can extend your response on plain paper where there is insufficient space ir 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																									
Surname																									
First Name (s)																									
Other / Known As	'Othe	er / K	nown	As' o	could	includ	de an	y nan	ne / a	lias th	nat th	e pat	ient w	ould/	prefe	er to b	e kno	wn as] S.						
Title													 	Ger	nde	 r	O N	/lale)	₁					
DoB			/			/											O F	em	ale						
I confirm that the patient	t is de	etaiı	ned	und	der t	he	care	of:																	
Hospital																									
Ward / Clinic																									
RMO Details																									
Surname																									
First Name																									
Title																									
Hospital																									
Ward / Clinic (If appropriate)																									
Telephone No.																									
e-mail address												Τ	T			T		Τ				Τ			
Approved under section	22 o	f the	e Ac	ct by	/:	•	•	•	•	•	•	•	•	-	•	•	•			•	•	•	•	•	
Health Board NHS																									



Prohibition or restriction details	
Prohibition or restriction details	
The RMO (named on page 1) made the decision	prohibit telephone calls to or by the specified personrestrict telephone calls to or by the specified person
The decision was made on:	Date / / / / / / / / / / / / / / / / / / /
The prohibition or restriction will cease on:	Date / / / / / / / / / / / / / / / / / / /
Where restrictions are placed on telephone calls to or by the s	specified person, the nature of the restriction(s) is/are:
The grounds for the prohibition or restriction are:	



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Notifications

Notification to patient (shade as appropriate)

- O I informed the patient of the prohibition or restriction of the use of telephones, OR
- O I did not inform the patient as the RMO believed it would be prejudicial to the patient's health or treatment

Notification to others

Regulations require that the patient's named person and the Mental Welfare Commission be informed of the prohibition or restriction of the use of telephones

Completed by:														
Surname														
First Name														
Job Title														
Signature														
Date]/]/										



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