

ADULTS WITH INCAPACITY (SCOTLAND) ACT 2000

Report on Section 48 Second Opinion Visit by:

Dr

Patient's Name:

Date of Birth:

Address:

CHI No:

Clinical Summary:

(a) Additional information
(b) Assessment of capacity
(c) Compliance with Principles of the Act
(d) Reasons for Opinion
(e) Second opinion doctor's diagnoses (and ICD code, if known) if different from RMO diagnoses:
(a)
(b)

*** Tick appropriate boxes**

		YES	*	NO
Were you provided with?	Proposed Treatment Plan	<input type="checkbox"/>		<input type="checkbox"/>
	Drug Kardex	<input type="checkbox"/>		<input type="checkbox"/>
	Clinical Case Notes	<input type="checkbox"/>		<input type="checkbox"/>
Were you able to speak with?	Medical Practitioner with primary responsibility for treatment	<input type="checkbox"/>		<input type="checkbox"/>
	Member of Staff familiar with patient's care	<input type="checkbox"/>		<input type="checkbox"/>
	A person with a personal interest in the adult	<input type="checkbox"/>		<input type="checkbox"/>
Were there any significant problems with the visit (if YES please give details)?		<input type="checkbox"/>		<input type="checkbox"/>

Was the RMO's treatment plan approved (if NO please contact MWC)?	<input type="checkbox"/>	<input type="checkbox"/>
Was the treatment plan modified following discussion?	<input type="checkbox"/>	<input type="checkbox"/>
Please give details if there was modification.		

Signed:.....

Date: