

# Notification of a Reasoned Opinion Review

of a Specified Person

## Instructions

The following form is to be used:

by the patient's RMO to notify the Mental Welfare Commission where there has been a review of a reasoned opinion leading to the designation of a specified person in relation to prohibition / restriction of the use of telephones, or to other measures taken to ensure safety and security in hospitals.

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

Grid of 12 empty boxes for example text

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 [Grid of 10 boxes]

Surname [Grid of 20 boxes]

First Name (s) [Grid of 20 boxes]

Other / Known As [Grid of 20 boxes]

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

Title [Grid of 10 boxes]

DoB dd / mm / yyyy [Grid of 3 boxes for day, 3 for month, 4 for year]

Gender  Male  Female

## RMO Details

Surname [Grid of 20 boxes]

First Name [Grid of 20 boxes]

Title [Grid of 10 boxes]

Hospital [Grid of 20 boxes]

Ward / Clinic (If appropriate) [Grid of 20 boxes]

Telephone No. [Grid of 12 boxes]

e-mail address [Grid of 30 boxes]

Approved under section 22 of the Act by:

Health Board **NHS** [Grid of 20 boxes]

## Reasoned Opinion Details

I, the RMO named above, made a reasoned opinion on

Date [Grid of 2 boxes for day, 2 for month, 4 for year]

that the patient is a specified person as defined in regulations in relation to

- Use of Telephones
- Safety and Security in Hospitals



**Reasoned Opinion Review Details**

The specified person requested a review of that reasoned opinion on

Date   /   /

A review of the reasoned opinion was undertaken on:

Date   /   /

As part of the review, I considered representations from:

- the specified person  
 the specified person's named person

The outcome of the review of the reasoned opinion, for the reasons stated below, was that:

- the patient should continue to be defined as a specified person  
 it is no longer necessary for the patient to be defined as a specified person

1

**Notifications****Notification to patient** *(shade as appropriate)*

- I informed the patient of the outcome of this review, OR  
 I did not inform the patient as it would be prejudicial to their health or treatment

**Notification to others**

Regulations require that the patient's named person and the Commission be informed of the outcome of this review.

Signed  
by the RMO

Date  
dd / mm / yyyy

/   /